

AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, February 28, 2017
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 January 24, 2017 Minutes (2 mins.)

12:06 IV. Financial Summary (9 mins.)

12:15 V. Reports (15 mins.)

Administration

Children with Special Care Needs

Medical Director's Report

County Attorney's Report

Division for Community Health

Environmental Health

12:30 VI. New Business

12:30 ***Environmental Health (30 mins.)***

Enforcement Action:

1. Resolution #EH-ENF-16-0027 – Apollo Restaurant, C-Ithaca, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
2. Resolution #EH-ENF-17-0001 – Casper's, V-Groton, Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)
3. Resolution #EH-ENF-17-0004 – Fraternal Order of Eagles #1253, C-Ithaca, Revocation of Waiver from Clean Indoor Air Act (CIAA) (10 mins.)

Administrative Action:

1. Review and Approval of Temporary Residence Program Revised Inspection Policy (10 mins.)

1:00 ***Division for Community Health (10 mins.)***

Policy Review and Approval:

1. Infection Control Policy & Procedure (revised) (5 mins.)
2. Employee Health Policy (revised) (5 mins.)

1:10 ***Adjournment***

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MINUTES
Tompkins County Board of Health
January 24, 2017
12:00 Noon
Rice Conference Room

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

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Deb Thomas, Director of Children with Special Care Needs; and Shelley Comisi, Administrative Assistant II

Excused: David Evelyn, MD, MPH, Board of Health Member; Brenda Grinnell Crosby, Public Health Administrator; Susan Merkel, Board of Health Member; and Jonathan Wood, County Attorney

Guests: Mary Hutchens, Tompkins County Community Mental Health Services Board

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

Introduction: Mr. Kruppa welcomed Community Mental Health Services Board member Mary Hutchens. As part of the ongoing discussion about building connections between the two boards, she agreed to be the liaison to the BOH for this meeting.

Board of Health Selection of Officers for 2017: The gavel was passed from Dr. Macmillan to Mr. Kruppa who opened the floor to nominations for BOH officers. The Nominating Committee of Dr. Morgan and Mr. Burbank nominated Dr. Macmillan for President and Mr. McLaughlin for Vice President. There were no other nominations.

Mr. Burbank moved to re-elect Dr. Macmillan as President and Mr. McLaughlin as Vice President; seconded by Dr. Koppel. The vote in favor of the motion was unanimous. The gavel was passed back to Dr. Macmillan.

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

Approval of December 6, 2016 Minutes: Dr. Morgan moved to approve the minutes of the December 6, 2016 meeting as written; seconded by Dr. Koppel. Mr. Greenhouse suggested the following two edits which are noted in bold font:

- Page 4, paragraph 2, last sentence to read, “**Mr. Kruppa** believes there should be active enforcement...”

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- Page 4, paragraph 3, sentence 4 to read, “EH supports the **proposed** law on a complaint basis...”

The vote to approve the minutes as amended was unanimous.

Financial Summary: On behalf of Ms. Grinnell Crosby who was not present for the meeting, Mr. Kruppa reported staff has been working to provide a useful financial summary for Board members. The financial year is divided into 12 periods representing the 12 months of the calendar year and a period 13 that carries into the next calendar year to close out the previous year’s budget. TCHD and the County’s Finance Department ensure the payments, revenues and budget are reconciled. There are checks and balances in the system.

Highlights from the Board’s discussion:

- Mr. Kruppa mentioned Division Directors have access to a more detailed document for tracking payments that have been received. Typically, most of the large amounts of money received are from state aid or grants. On a quarterly basis, staff submits documentation for services provided. Payments from the State have been timelier due to changes in the state aid process.
- With regard to the financial impact of state mandates, Mr. Kruppa explained the New York State Association of County Health Officials (NYSACHO) works to address those concerns. It has had some success in the recent legislative session. Mr. Greenhouse suggested the BOH and the Legislature could be good allies in those efforts.
- In preparing for potential spending cuts, Mr. McLaughlin believes that any local actions taken will keep county residents informed and perhaps they will write letters to their elected representatives.
- Mr. Burbank shared that the County Administrator has penned a letter talking about the Governor’s most recent proposal which would set up a new mechanism for localities to create new ways of saving money by combining services.
- Mr. Kruppa explained there are two components to the Medical Examiner program. The mandated component is the autopsies, laboratory tests and body removals. The non-mandated component is the medical examiner salaries and administrative support.

Administration Report: Mr. Kruppa:

- Reported the Tobacco 21 issue is going back to the Health and Human Services Committee at their February meeting. Ted Schiele is working on answering some questions raised by the Committee.
- Announced Samantha Hillson, Health Educator in the Healthy Neighborhoods Program, has accepted the Director of Health Promotion position. Staff is excited to have her on board.
- Requested a discussion of the proposed letter (Attachment 1) regarding delayed payments to providers in the Early Intervention (EI) program be held during the new business portion of the meeting. His request was acceptable to the Board.

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Medical Director's Report: Dr. Klepack commented the influenza vaccine seems to be a good match for the virus that is currently circulating.

There was a brief discussion regarding the Supervised Injection Facilities (SIF) in Dr. Klepack's report. Members raised questions about the impact on the local community which is smaller than the urban centers mentioned in the report. Dr. Klepack answered that he has had conversations with medical providers who have expressed concern that the SIF would attract people from other communities. From the perspective of public health, the SIF model that is most exciting is based on harm reduction. Medical personnel would be offering services to help facilitate the transition away from drug use and advising people about their health.

Division for Community Health Report: Ms. Bishop had nothing to add to her written report.

Children with Special Care Needs Report: Ms. Thomas had nothing to add to her report.

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

Environmental Health Report: Ms. Cameron had nothing to add to the written reports. In response to questions from Board members, she summarized:

- The Accela system has been set up in most of our program areas. It has helped in tracking permits before they expire and handling complaints which previously had been paper processes. Overall, it has been well received by staff. Our priority for the year is to have Information Technology Services staff work out the issues on their end to allow data transfer with the New York State Department of Health (NYSDOH).
- For sick or injured animals, TCHD has contact information for Nuisance Wildlife Control Officers and Wildlife Rehabilitators.
- Oishii Bowl was mentioned twice (two different spellings on page 5 in the December restaurant inspections) for two different violations. If the same violation had been observed for a second time, then the matter would have been brought to the BOH.

Bag Technique Policy and Procedure: Ms. Bishop explained this new policy was written for Community Health Services (CHS). It outlines a specific procedure to follow in handling the nursing bag and its contents during home visits to prevent transmission of infectious materials to clients and staff.

In response to Dr. Koppel's question, Ms. Bishop replied that medical waste stays in the client's home.

Dr. Morgan moved to approve the *Bag Technique Policy & Procedure* as written; seconded by Dr. Macmillan; and carried unanimously.

Universal Precautions Policy and Procedure: Ms. Bishop referred to the summary of changes/updates in the Board's packet. The existing policy was updated to reflect current recommendations and terminology.

DRAFT

Mr. Greenhouse moved to approve the policy as written; seconded by Dr. Macmillan.

Since this is a universal policy, Mr. Greenhouse recommended that the section identifying the “Scope” of the policy on page one be shortened to read, “This policy applies to all employees, volunteers, and interns...and their encounters with clients during the provision of services.” The remainder of that paragraph should be deleted.

Dr. Macmillan suggested adding language to the third concept under “Key Definitions and Concepts” that would read, “...body fluids *containing visible blood* such as **but not limited to** tears, saliva, nasal secretions, vomit, sweat, feces and urine.”

The vote to approve the *Universal Precautions Policy & Procedure*, as edited, was unanimous.

Policy on Isolation and Quarantine: Ms. Bishop explained this policy is the result of working with Nina Saeli, Public Health Preparedness Coordinator, to simplify and streamline the isolation and quarantine agency response plan with a similar policy for CHS. This one policy applies to all communicable disease outbreaks which require isolation/quarantine implementation that does not exceed the routine day-to-day operations.

Mr. Greenhouse moved to approve the policy as written; seconded by Dr. Macmillan.

Main points from the ensuing discussion:

- Mr. Greenhouse suggested adding language in the policy to identify that the Public Health Director shall include a designee.
- Mr. Kruppa advised Public Health Law creates the authority to isolate/quarantine people. By establishing the local Public Health Department and its Director, the Legislature enacts the person serving as the Director with the powers given through Public Health Law. Mr. Kruppa’s authority only goes so far as to deal with the immediate need to protect the public’s health. He is required to be the Public Health Director 24 hours a day. If he was incapacitated, then Mr. Mareane would decide whether to go to the Legislature to temporarily appoint someone else.
- Mr. Kruppa noted TCHD regularly works with colleges dealing with cases of tuberculosis, meningitis, mumps, and pertussis. Although it is on a smaller scale, the general concepts are practiced on a day-to-day basis and through emergency preparedness activities. Dr. Koppel added Cornell has encountered communicable diseases enough times that staff knows what TCHD expects with respect to isolating the patient and communicating with TCHD staff.

The vote to approve the *Isolation and Quarantine Policy*, as amended to include language that will identify that the Public Health Director shall include a designee, was unanimous.

BOH letter requesting a plan from the State Fiscal Agent to resolve the problems resulting from delayed payments to providers in the Early Intervention Program: Mr. Kruppa referred to the letter distributed before the meeting (Attachment 1). Speaking

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from personal experience, he shared those experiences with Board members. He is deeply concerned about the problems with payments to providers in the EI program. In some cases, months have passed by without payments to providers for their services. When Public Consulting Group (PCG), the State's Fiscal Agent, took over the EI claims process, there was no requirement for providers to enter into a contract with insurance companies. The situation is worse for unregulated insurance companies like Excellus, the administrator of the Greater Tompkins County Municipal Health Insurance Consortium health plan. As a self-insured plan, it pays Excellus to administer payments for claims. Excellus made changes to their system which had the effect of stopping the processing of EI claims that came to them under our plan. Mr. Kruppa described his personal contact with two providers who have not been paid for their services. The amount owed to them totals approximately \$15,000. They are two of our best providers but are on the verge of ending their participation in the EI program.

Mr. Kruppa stated he has addressed the issue with Excellus but their position is that there is a problem with PCG. After that discussion, Ms. Thomas and our two providers joined him in a phone conversation with PCG representatives to discuss the problem. The Bureau of EI and the Division of Financial Services also participated in the call. PCG's explanation was that there is a problem with Excellus and they are working with Excellus to resolve the problem so claims can be processed. They did not have a timeframe for when the providers would get paid or how they were going to prevent it from happening in the future. To date, there has been no response to our requests for action on these issues.

Regarding the next step to be taken, Mr. Kruppa referred to the letter that was drafted for the Board's consideration. It states that the BOH has oversight authority for the EI program and the Early Intervention Official; therefore, the BOH needs to know how the State Fiscal Agent is going to address the problem. Also, there needs to be ongoing monitoring of claims so this does not happen again. It calls upon the State to be proactive for the sake of the providers and the children in Tompkins County who need these important services.

After an extensive discussion among Board members regarding the letter, the following suggestions were put forward:

- Dr. Macmillan recommended an edit in paragraph 1, sentence 2 that would read "...we **request** to see a plan from the State Fiscal Agent to resolve this problem."
- Mr. Greenhouse recommended the letter be copied to State elected officials, Tompkins County Legislators, and the NYS Division of Financial Services.

Dr. Macmillan called for a vote on the motion to send the letter, as edited, to Deputy Commissioner Brad Hutton with copies of the letter to be sent to NYS Senate and Assembly elected officials, Tompkins County Legislators, and the NYS Division of Financial Services; seconded by Dr. Morgan; and carried unanimously.

Adjournment: At 1:48 p.m. Dr. Macmillan moved to adjourn the meeting.

January 24th, 2017

Brad Hutton
Deputy Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Mr. Hutton,

The Tompkins County Board of Health has been made aware that, due to problems between the State Fiscal Agent and some unregulated insurance companies, provider payments have been delayed by ten months and still counting in some instances. As the oversight board for the Tompkins County Early Intervention Program and the Early Intervention Official, we expect to see a plan from the State Fiscal Agent to resolve this problem. Included in the plan should be a process for the fiscal agent to monitor claims more than two months old and report monthly to the Tompkins County Early Intervention Official which providers have not been paid, the status of their claims, the corrective action to be taken and a timetable for payment.

Payment problems and time spent by providers making lengthy phone calls to insurance companies and the fiscal agent have already caused multiple providers to no longer participate in the Tompkins County Early Intervention Program endangering the ability of children in Tompkins County to receive high quality, timely Early Intervention services. We request a written response to this communication within fourteen days of receipt.

Thank you,

James Macmillan, MD
President
Tompkins County Board of Health

Board of Health
February 28, 2017
Financial Report

December 2016/13th period

Expenses for Non-Mandate accounts are generally all posted as of February 9, 2017.

Revenues to be posted to Non-Mandate accounts for 2016 in the “13th period” are generally posted with the exception of 4th quarter state aid. The state aid claim is currently being prepared.

Mandate accounts are held open longer as the largest account (Preschool Special Education) is claimed to NYS Ed. based on dates set by the state. The next large claim that covers the end of 2016 and beginning of 2017 will not be filed until March/April. Expenses for 2016 should be nearly complete.

Board of Health
February 28, 2017
Financial Report

January 2017 / Month 1

Nothing significant to report at this time of year. Grant claims will be filed according to contracted time frames.

Tompkins County Financial Report for Public Health

Percentage of Year 100.00%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010 PH ADMINISTRATION	1,002,458	907,013	90.48%	172,025	157,267	91.42%	830,433	749,747	90.28%
4012 WOMEN, INFANTS & CHILDREN	493,872	454,678	92.06%	491,898	455,864	92.67%	1,974	-1,186	5.32%
4013 OCCUPATIONAL HLTH.& SFTY.	114,238	66,786	58.46%	0	0	0.00%	114,238	66,786	58.46%
4014 MEDICAL EXAMINER	61,652	60,929	98.83%	0	0	0.00%	61,652	60,929	98.83%
4015 VITAL RECORDS	69,365	67,011	96.61%	129,000	130,550	101.20%	-59,635	-63,538	106.54%
4016 COMMUNITY HEALTH	1,585,848	1,411,362	89.00%	364,980	337,759	92.54%	1,220,868	1,073,603	88.28%
4018 HEALTHY NEIGHBORHOOD PROG	204,781	170,272	83.15%	203,665	184,121	90.40%	1,116	-13,848	-507.80%
4047 PLNG. & COORD. OF C.S.N.	1,317,288	1,242,690	94.34%	397,792	384,151	96.57%	919,496	858,539	93.37%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	1,660	20.74%	4,000	875	21.87%	4,000	785	19.62%
4090 ENVIRONMENTAL HEALTH	1,487,132	1,473,791	99.10%	550,576	569,634	103.46%	936,556	904,157	96.67%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,113,118	877,826	78.86%	-1,113,118	-877,826	78.86%
Total Non-Mandate	6,344,634	5,856,192	92.30%	3,427,054	3,098,045	90.40%	2,917,580	2,758,148	94.54%
2960 PRESCHOOL SPECIAL EDUCATI	5,400,000	4,623,675	85.62%	2,910,000	1,874,350	64.41%	2,490,000	2,749,326	113.72%
4017 MEDICAL EXAMINER PROGRAM	165,945	167,442	100.90%	0	0	0.00%	165,945	167,442	100.90%
4054 EARLY INTERV (BIRTH-3)	855,000	468,654	54.81%	306,000	235,308	76.90%	549,000	233,346	42.50%
Total Mandate	6,420,945	5,259,771	81.92%	3,216,000	2,109,657	65.60%	3,204,945	3,150,113	98.29%
Total Public Health	12,765,579	11,115,963	87.08%	6,643,054	5,207,702	78.39%	6,122,525	5,908,261	96.50%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	95,445	14,758	2960 Preschool	693,947	1,035,650
4012 WIC	37,903	36,034	4054 Early Intervention	386,346	70,692
4013 Health & Safety	47,452	0	4017 Medical Examiner	-1,497	0
4014 Medical Examiner	723	0		<u>1,078,796</u>	<u>1,106,343</u>
4015 Vitals	2,354	-1,550			
4016 Community Health	170,326	27,221			
4018 Healthy Neighborhood	26,327	19,544			
4047 CSCN	74,598	13,641			
4048 PHCP	6,340	3,125			
4090 Environmental Health	12,171	-19,058			
4095 State Aid	0	235,293			
	<u>473,639</u>	<u>329,009</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
<u>1,552,436</u>	<u>1,435,352</u>

Year 17 Month 1

Tompkins County Financial Report for Public Health

Percentage of Year 8.33%

	Expenditures			Revenues			Local Share		
	Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
4010 PH ADMINISTRATION	1,106,715	25,327	2.29%	136,870	0	0.00%	969,845	25,327	2.99%
4012 WOMEN, INFANTS & CHILDREN	532,827	19,817	3.72%	531,536	0	0.00%	1,291	19,817	2,800.15%
4013 OCCUPATIONAL HLTH.& SFTY.	106,103	2,102	1.98%	0	0	0.00%	106,103	2,102	1.98%
4014 MEDICAL EXAMINER	62,887	940	1.49%	0	0	0.00%	62,887	940	1.49%
4015 VITAL RECORDS	71,999	2,627	3.65%	83,843	4,987	5.95%	-11,844	-2,360	18.66%
4016 COMMUNITY HEALTH	1,607,012	41,191	2.56%	397,236	253	0.06%	1,209,776	40,938	17.11%
4018 HEALTHY NEIGHBORHOOD PROG	212,755	12,637	5.94%	204,574	0	0.00%	8,181	12,637	322.94%
4047 PLNG. & COORD. OF C.S.N.	1,361,142	36,819	2.70%	389,792	0	0.00%	971,350	36,819	4.21%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%	4,000	0	0.00%	4,000	0	
4090 ENVIRONMENTAL HEALTH	1,575,618	36,340	2.31%	566,034	4,084	0.72%	1,009,584	32,256	4.30%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%	1,156,711	0	0.00%	-1,156,711	0	
Total Non-Mandate	6,645,058	177,800	2.68%	3,470,596	9,324	0.27%	3,174,462	168,476	5.31%
2960 PRESCHOOL SPECIAL EDUCATI	5,080,000	0	0.00%	2,840,000	0	0.00%	2,240,000	0	
4017 MEDICAL EXAMINER PROGRAM	190,160	3,560	1.87%	0	0	0.00%	190,160	3,560	1.87%
4054 EARLY INTERV (BIRTH-3)	705,000	22,068	3.13%	300,000	0	0.00%	405,000	22,068	5.45%
Total Mandate	5,975,160	25,628	0.43%	3,140,000	0	0.00%	2,835,160	25,628	0.90%
Total Public Health	12,620,218	203,428	1.61%	6,610,596	9,324	0.14%	6,009,622	194,104	3.23%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed		Available Budget	Revenues Needed
NON-MANDATE			MANDATE		
4010 Administration	1,077,743	136,870	2960 Preschool	5,080,000	2,840,000
4012 WIC	496,676	531,536	4054 Early Intervention	682,932	300,000
4013 Health & Safety	103,551	0	4017 Medical Examiner	85,160	0
4014 Medical Examiner	61,947	0		<u>5,848,092</u>	<u>3,140,000</u>
4015 Vitals	69,222	78,856			
4016 Community Health	1,399,784	396,983			
4018 Healthy Neighborhood	186,335	204,574			
4047 CSCN	1,320,273	389,792			
4048 PHCP	8,000	4,000			
4090 Environmental Health	1,528,142	561,950			
4095 State Aid	0	1,156,711			
	<u>6,251,674</u>	<u>3,461,272</u>			

Total Public Health Balances	
Available Budget	Revenues Needed
12,099,766	6,601,272

**Public Health Director
Report
February 2017**

- The T21 local law prohibiting the sale of tobacco to anyone under 21 will be considered again at the Health and Human Services Committee in March.
- On February 16th I presented testimony to the Senate and Assembly Joint Budget and Health Committees. My written testimony can be found here:
<http://www.nyscho.org/files/Advocacy/2017%20Advocacy/2-16-2017%20FINAL%20NYSACHO%20TESTIMONY-2017-18%20STATE%20HEALTH%20BUDGET.pdf>

The video can be found here: <http://nyassembly.gov/av/hearings/>

- Samantha Hillson has been appointed our next Director of Health Promotion.
- We did not receive a response from NYSDOH to the letter you authorized last month about our need for information on provider payments. I am working on potential next steps to present to the Board.

**Medical Director's Report
Board of Health
February 2017**

Opioid Use:

It has been difficult for me to get answers to the following two questions:

- (1) How many people who die of opioid overdose were directly prescribed the drug?
- (2) Of those who were prescribed an opioid drug, how many of those die?

We have a lot of data about how many people die and often it is documented whether their death involved a drug overdose (but not usually whether the overdose was with prescription drugs prescribed to the decedent or prescribed to someone else or whether illicit drugs were involved). So to get the data on my two questions seems difficult. I am still looking for the answers. At a recent meeting in Saratoga Springs, a lecture on addiction was given by OASAS (NYSDOH Office of Alcoholism and Substance Abuse Services) and I am posing my two questions to them to see if they have answers.

In 2015, we know that 20.5 million people over the age of 12 had a substance use *disorder*. Of those 20.5 million, 2 million involved prescriptions and 591,000 involved heroin. We do not know the sources of the other substances but these were other substances of a variety of types such as benzodiazepines (e.g. valium).

We also know that in 2015, there were 55,403 lethal overdoses. Of those overdoses, 20,101 were due to prescription medications (legal and illegal - see paragraph 2) and 12,990 were due to heroin. The others would have been due to other drugs of a variety of types. However, to get to my questions I have been frustrated. When a prescriber prescribes an opioid, we know that some of those drugs get diverted. Some are sold to other people. Some are stolen. Some are voluntarily shared with adolescents or other adults, usually in a well meaning fashion but unwittingly promoting substance misuse. These (perhaps) add up to a small percentage of prescriptions from a primary care practitioner. So far, I have been unable to come by the numbers for the exact percentages of diversion. If any of you have data with regard to this, I would be pleased to review it. Its importance lies in estimating impact from various sources of opioids and, thus, where efforts to reduce opioid deaths and addiction might best be placed.

We know that opioid prescriptions have risen steadily up to recent times. We know that opioid overdoses have as well. Reducing the amount of opioids in the community would seem to be a logical step but common sense does not always match up with reality. Better numbers would help us know if our old chronic pain patients on long term narcotics are much of the problem or is it more our younger post surgical patients who die. If we are trying to reduce deaths is it more that a significant number of people given a reasonable number of narcotic pills find themselves

craving opioids and then go out on the street to find more or is it more the chronic pain patient who overdosed and died?

Activities:

Reviewed draft policies for *Infection Control Policy and Procedure* and also *Employee Health Policy*. I made suggestions, edits, and returned the policies to Karen Bishop.

Attended Immunization Coalition of Tompkins County meeting where we discussed (1) flu vaccines, and (2) HPV vaccine. HPV vaccine has proven to be a valuable resource to prevent cancer of the head and neck, cervix, and skin.

We also discussed outreach activities and reviewed the plan for Immunize Ithaca, a social media outreach program to “normalize” vaccination that is being conducted by community individuals, many of whom are mothers of children.

Also discussed outreach to refugee families in Tompkins County through Catholic Charities’ approval to accept 50 individuals as refugees into our community. The events of January and February have raised concern in the community that their refugee program may suffer a setback in its goal of helping relieve suffering in the world.

Recertified members of the Sheriff’s Department for the use of mask respirators.

Gathered further data on supervised injection facilities looking at the global experience – a later report will enumerate my findings.

Signed routine orders for the delivery of care in CSCN and Early Intervention.

HEALTH PROMOTION PROGRAM – January 2017

Samantha Hillson, Director
Ted Schiele, Planner/ Evaluator
Susan Dunlop, Community Health Nurse

Community Outreach

- Presentation at the Human Services Coalition monthly forum: “Could it be Asthma/ COPD?” 14 attendees, 1/11 (Dunlop, presenter)
- Meeting with McGraw House director to discuss options for holding education forums for residents, 1/20 (Dunlop)
- Meeting with Ithaca Free Clinic RN to plan diabetes education program for the clinic, 1/23 (Dunlop)
- Tompkins County [Worksite Wellness Coalition](#), [bi-monthly meeting](#) held at TCHD, 18 attendees, 1/12. Guest presentation: Eve Abrams, LCSW, “Mindfulness at Our Workplaces.” (Schiele, Coalition staff person, attendee; Dunlop, attendee)
- Community & School Health Advisory Committee meeting, 1/23 (Schiele, attendee)
- Greater TC Municipal Health Insurance Consortium ([Consortium](#)), Owning Your Own Health Committee, collaborated on setting the agenda for monthly meeting, (Schiele, chair)
- Consortium, Joint Committee on Plan Structure and Design, monthly meeting, 1/5 (Schiele, attendee)

TCHD Participation and Support

- Orientation for new HPP intern from Ithaca College (Dunlop)
- Collaboration with CHS staff to design, produce, deliver bus “wrap” posters promoting the HPV vaccine for tweens (Schiele, design & production). See photos at the end of this report.
- Support for Healthy Neighborhoods Program’s new radio commercials (Schiele).
- New HPP director starts, 1/30 (Hillson)

Diabetes Prevention Program (DPP) (Dunlop, *CDC Certified Lifestyle Coach*)

- Maintenance DPP coaching for 5 participants, 1/18 (Dunlop)

Community Health Improvement Plan (CHIP) (Schiele)

- Completed and submitted the Community Health Improvement Plan (CHIP). [Click here to download](#) the final document.

Tobacco Control Program (Schiele)

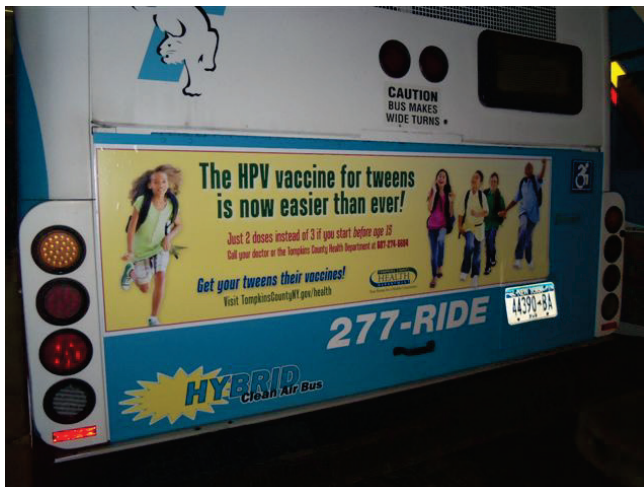
- Tobacco 21
 - Interview by the *Ithaca Voice* about legislative deliberations to raise the minimum legal age of purchase for tobacco to 21. Article published 1/27/17: [“Q&A with legislators: should Tompkins County approve increase in tobacco purchase age?”](#)
- The fifth anniversary of Pyramid Malls across N.Y. and Mass. becoming tobacco-free properties is this coming May. Conference call among tobacco program contractors with a mall in their catchment to discuss ideas for recognizing that milestone, 1/11.
- Regular meetings and conference calls
 - Grant staff monthly meeting, Cortland, 1/27.
 - Statewide Media workgroup conference call, 1/6
 - Statewide monthly conference call, 1/10.
 - NYS Tobacco-free Colleges Initiative, bi-monthly conference call, 1/11.

Web site postings (Schiele)

- BOH packet, EH 2017 fee schedule, Children's Camp updates, WIC clinic calendars for Q1, seasonal flu updates.
- Press releases for STI, winter rabies clinic.
- Google Analytics showing website traffic for 2016-Q4 obtained for CHS grant reports



TCAT interior poster



TCAT tail poster

Division for Community Health
February 28, 2017 Board of Health Meeting
Karen Bishop, Director of Community Health
January Report

Policy Review & Approval –

- **(revised) Infection Control Policy**
- **(revised) Employee Health Policy**

See submitted summary of changes to both policies.

Administration –

- Met with the CHS managers & WIC Director on a frequent basis to review work processes and quality improvement strategies.
- Reviewed and updated several documentation forms locally created in CORE.
- Arranged for CPR training of all health department Community Health Nurses in February. CPR training is a requirement for nurses working in our Diagnostic & Treatment Center.
- Completed a Bicillin Supply Survey as requested by NYSDOH assessing current supply of Bicillin and doses administered November 1, 2016 through December 31, 2016.
- Conducted Time Warner Cable TV interview on January 13, 2017 on the rise in sexually transmitted infections. Promoted our “Talk. Test. Treat.” campaign which promotes talking to your sexual partner about sexually transmitted infections (STIs) before having sex, get tested for STIs if engaging in sexual behaviors and get treatment right away if you test positive for an STI.
- Oriented two new EH staff and a TST BOCES nursing assistant student to the Division for Community Health.
- Viewed the Medscape training “Updated Breastfeeding Recommendations” on January 10.
- Attended a one hour NYSDOH webinar on Mumps on January 11.
- Attended a one hour NYSDOH webinar on HPV vaccine on January 12.
- Attended an emergency preparedness drill planning meeting at Cayuga Medical Center on January 26 in anticipation of an infectious disease outbreak drill on March 6.
- Attended a three hour webinar “Mental Health Consequences of Infectious Disease Outbreaks” by NYSDOH on January 27

Statistical Reports –

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

WIC –

- Mentored one TST BOCES nursing assistant student January 17 through January 31 at the health department WIC site. The student viewed the WIC anthropometry video then performed heights and weights on toddlers and mothers under the direct supervision of a nutritionist.
- Regional WIC staff conducted an on-site visit on January 26 at the health department WIC site. It was a favorable site review with suggestions for improving patient centered nutrition education and documentation.

February 2017 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

Continuing Education-

- Community Health Services (CHS) staff participated in two webinars during January sponsored by the NYSDOH. The first on January 11 on *Mumps: a Primer for Providers* and the second on January 12 on the HPV vaccine.
- CHS staff also participated in a webinar on January 17 hosted by the National Society of Genetic Counselors on Lead Exposure in Pregnancy.

Lead Poisoning Prevention- (6 cases) Lead nurse Gail Birnbaum is case managing 6 children with elevated Blood Lead Levels. (BLL) The case summaries are as follows:

Case #1: Ongoing case of a two year old with initial BLL 35.1 mcg/dL on 11/23/15. No change from previous report history. BLL due during January 2017 was not done, child is overdue. Parents and provider have been notified to repeat BLL. Child is not eligible for medical discharge until another venous blood draw is less than 15mcg/dl six months from the 7/12/16 blood draw. Keep case open to ensure repeat testing done.

Case #2: Ongoing case of a two year old with initial BLL 12 mcg/dl on 7/21/16. Joint home visit made with EH staff on 7/26/16. No change from previous report history. BLL done 12/9/16 was still 11.7mcg/dl. Parents were notified to reinforce cleaning, good hand washing and increase calcium, iron and Vitamin C. Repeat BLL in 3 months. EH and Ecospect will be contacting parents to repeat lead dust wipes due to no significant change in BLL and twin babies will be in the home. Keep case open to ensure repeat testing done.

Case #3: Ongoing case of a ten month old with initial BLL 9.7 mcg/dl on 8/11/16. Lead nurse and EH staff elected to do this home visit despite being slightly under 10mcg/dl due to age of child and age of home- built in 1800's with many areas of potential lead based paint. Joint visit made with EH staff and Ecospect on 8/30/16. No change from previous report history. Fingerstick BLL done by practitioner 10/28/16 with result of 7.7 mcg/dl, venous BLL was not done. Contact has been made with provider and parents that repeat venous BLL due. Keep case open to ensure repeat testing done.

Cases #4 and 5: Ongoing cases of one and three year old siblings transferred from Cortland County with initial BLL's of 70mcg/dl and 45mcg/dl respectively on 10/3/16. The referral for lead testing of the siblings was prompted by an elevated BLL on the mother of 30mcg/dl on 9/22/16- mother was pregnant and was tested by her OB. Mother subsequently suffered a miscarriage. The history on these cases can be viewed from previous reports. Most recent BLL on the one year old child done 1/23/17 was 35.5mcg/dl with repeat due 2/6/17. The three year old's most recent BLL was 23.8mcg/dl on 1/6/17. Repeat BLL is due in March. Keep case open to ensure repeat testing done.

Case #6: New case of a four year old with initial BLL of 12.4mcg/dl on 1/18/17. This child has been living with guardians in Tompkins County for the last year following the death of her father. Prior to coming to Tompkins County, the child lived in Syracuse. This child was tested as

requested by Child Protective Services for undetermined reasons. Home visit accomplished on 1/31/17 with EH staff and Ecospect. Multiple lead hazards initially identified by XRF and dust wipe samples, full report is pending. Guardian was provided with educational materials; reviewed nutritional ways of reducing lead; explained appropriate cleaning methods; and referred to Health Neighborhoods for a HEPA vacuum. Guardian reports that child puts many things in her mouth. Child will be retested in 3 months. Keep case open to ensure repeat testing done.

Communicable Disease-

- **Zika Virus:** To date, testing has been authorized for 35 Tompkins County residents. All travelled, or their partner travelled, to a country with reported Zika Virus. To date, we have had 3 positive cases. None were pregnant.
- **Syphilis:** 1 new late latent Syphilis case in January on a 58 year old male. Case received appropriate treatment.
- **STI's:** During January CHS communicable disease staff issued a press release on the rise in STI's in Tompkins County in 2016; most notably the increase in syphilis cases (200% increase from 2015). CHS staff was interviewed by several media outlets including WENY Time Warner, Ithaca Voice, Ithaca Times, Cornell Daily Sun and The Ithacan. We continue to work with our partners Planned Parenthood of the Southern Finger Lakes, Southern Tier Aids Program, Cornell University, Ithaca College and TC3 to provide screening, testing, treatment and education.
- **Influenza:** Flu activity in New York State continues to be widespread. During January, Tompkins County had 104 cases of Influenza A and 8 cases of Influenza B; compared to same time last year with 4 case of Influenza A. There have been 5 pediatric deaths reported in NYS this season, none in Tompkins County or in central NY region. As of 12/28/16, the NYSDOH Commissioner declared that regulated health care workers not vaccinated, must wear a mask in patient areas until influenza is no longer prevalent. The declaration will remain in effect until the Health Commissioner lifts it.
- **HIV Testing/Counseling:** During the month of January, CHS offered 12 clinic dates at 3 testing sites (TCHD, Loaves & Fishes and Tompkins County Jail). 13 people were tested and counseled. All were negative.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
 - Influenza Surveillance Report
 - Zika Virus Updates

Tuberculosis- (active cases)

- **Case #1:** Ongoing case: 23 year old female foreign born college student entering US in August 2016. Case seen initially at college health center at the end of August for new student TB screening. Case was asymptomatic; had positive QFT; chest x-ray and CT completed 8/26 and 9/1 respectively, showed infiltrate in the right upper lobe. Suspect case reported exposure to a family member with active TB within the last year. All sputa results AFB smear negative, PCR negative; and culture negative. 4-drug treatment initiated on September 21 given history of exposure to active TB, appearance of chest x-ray and CT scan and with strong suspicion of active pulmonary disease. Plan was to begin 4- drug therapy for 2 months. In early October case developed some adverse side effects to two of the medications, her treatment was modified to daily 3-drug treatment which she is tolerating well. Daily DOT visits continued until mid December when the case travelled out of country for a month returning at the end of January.

Case self administered TB medications while out of country. DOT's resumed at the end of January. Plan completion of treatment in March.

- **Case #2:** Ongoing case: 23 year old female foreign born college student. Case was evaluated and completed treatment for latent TB with 9 months of INH in May 2016. In August 2016 case developed a lump on the right side of her neck and was evaluated by college health center and referred to local ENT. The case was without respiratory symptoms. The specimen was AFB smear negative, PCR positive for MTB on 11/16/16 and culture negative on 1/6/17. Due to concern for INH drug resistance with recent LTBI treatment, TB consultant advised holding off on beginning 4-drug treatment until molecular detection results were determined. At the end of November the molecular detection results were indeterminate. TB consultant advised beginning 4 drug treatment with Levaquin instead of INH beginning 12/2/16. Case has tolerated treatment well and will receive daily DOT's for the course of treatment.
- **Latent TB (LTBI):** There were **6** Tuberculin Screening Tests (TST) placed during the month of January. There was one positive result: 27 year old female, foreign born, with a 12 mm induration. Client was asymptomatic, negative symptom check, negative QFT lab and reports having BCG vaccine as a child. Client pregnant at the time of the PPD. After consulting with her OB provider, client declined having a CXR. Client encouraged to follow-up with LHD after delivery.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01FEB17
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=January

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
CAMPYLOBACTERIOSIS**	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
CRYPTOSPORIDIOSIS**	1	11.4	0	0.0	0	0.0	1	11.4	0	0.0
GIARDIASIS	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
HEPATITIS B,CHRONIC	3	34.3	1	11.4	0	0.0	1	11.4	1	11.4
HEPATITIS C,ACUTE	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS C,CHRONIC	0	0.0	4	45.7	5	57.2	9	102.9	6	68.6
INFLUENZA A, LAB CONFIRMED	104	1189.4	4	45.7	171	1955.7	65	743.4	80	914.9
INFLUENZA B, LAB CONFIRMED	8	91.5	0	0.0	15	171.5	1	11.4	5	57.2
INFLUENZA UNSPECIFIED, LAB CONFIRMED	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
LYME DISEASE** *****	0	0.0	2	22.9	0	0.0	1	11.4	1	11.4
STREP,GROUP A INVASIVE	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
STREP,GROUP B INVASIVE	0	0.0	1	11.4	1	11.4	2	22.9	1	11.4
STREP PNEUMONIAE,INVASIVE	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
SYPHILIS TOTAL.....	1	11.4	1	11.4	0	0.0	0	0.0	0	0.0
- EARLY LATENT	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
- LATE LATENT	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	7	80.1	4	45.7	7	80.1	5	57.2	5	57.2

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
- GONORRHEA	7	80.1	4	45.7	7	80.1	5	57.2	5	57.2
CHLAMYDIA	28	320.2	21	240.2	23	263.0	19	217.3	21	240.2

*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.

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 2017	Total 2016	Total 2015
Maternal Child / MOMS Services															
Client Caseload	124														
# of Client Admissions	17												17	254	295
# of Client Discharges	19												19	241	337
Maternal & Infant Clinic Visit**	12												12	163	209
Maternal & Infant Home Visit	102												102	928	862
Total Home & Clinic Visits	114	0	0	0	0	0	0	0	0	0	0	0	114	1091	1071

On-Call (Weekend) Nursing Visits to Patients															
Maternal & Infant On Call Visits	0												0	0	0
Rabies On Call Vaccinations	0												0	33	28
TB DOT On Call Visits	0												0	4	9
Total # On-Call Visits	0	0	0	0	0	0	0	0	0	0	0	0	0	37	37

Total Home, Clinic, On-Call Visits	114	0	0	0	0	0	0	0	0	0	0	0	114	1128	1161
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Childbirth Education															
# of Childbirth Education Classes	1												1	3	10
# of Childbirth Education Moms*	4												4	13	32

* CBE Total is duplicated count

DOT = Direct Observe Therapy Visits

MOMS = Medicaid Obstetrical and Maternal Services

** Clinic visit revised to include intake visits

 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 2017	Total 2016	Total 2015
# of Immunization Clients	30												30	900	429
# of Immunizations Administered	43												43	1249	761
Children 0 thru 18 years, 364 days	20												20	272	319
Adults 19 years and older	10												10	628	205
# of Influenza Immunizations	3												3	532	579

Rabies Vaccination Program (Internal Data, Reporting to NYSIIS May Be Ongoing)															
Post-Exposure Clients	0												0	102	107
Post-Exposure Clinic Vaccinations	0												0	2331	258

Tuberculosis Program															
Cumulative TB clients	2												0	4	2
Active TB Admissions	0												0	3	2
Active TB Discharges	0												0	2	4
TB Direct Observe Therapy Home Visits	19												19	102	274
# of Tuberculosis Screening Tests*	6												6	312	283

Anonymous HIV Counseling & Testing Clinics															
# of HIV Clinics - including Walk-Ins	12												12	121	109
# of Clients Counseled & Tested	13												13	101	91
HIV Positive Eliza & Western Bloc	0												0	2	0

Women, Infants, Children Clinic															
Monthly New Enrollments	55											45	55	669	676
Total Participants Served	467											494	467	6240	6417
Participants w/Active Checks	1264											1261	1264	1289	1338
Total Enrolled (summary is an Average)	1522											1499	1522	1512	1564
% No-Show	17.0%											15.9%	17.0%		
% Active Participation	84.3%											84.1%	84.3%		
% Caseload Target (FY17 Target = 1500)	101.5%											99.9%	101.5%		

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

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

Children with Special Care Needs Highlights January 2017 Report

Staff Activities

Staff Committees

- Debbie Thomas attended the Collaborative Solutions Network Meeting on 1/27/17

Staff Training

- Bureau of Early Intervention (BEI) Training on Hearing Loss was attended by Julie Smith, Capri Prentice, Pat Washburn, and Cindy LaLonde on 1/13/17
- BEI Introduction to Service Coordination Training was attended by Capri Prentice on 1/27/17
- Margo Polikoff, Debbie Thomas and Barb Wright participated in the New York State Department of Health Children with Special Health Care Needs (CSHCN) Webinar on 1/26/17.

Division Managers

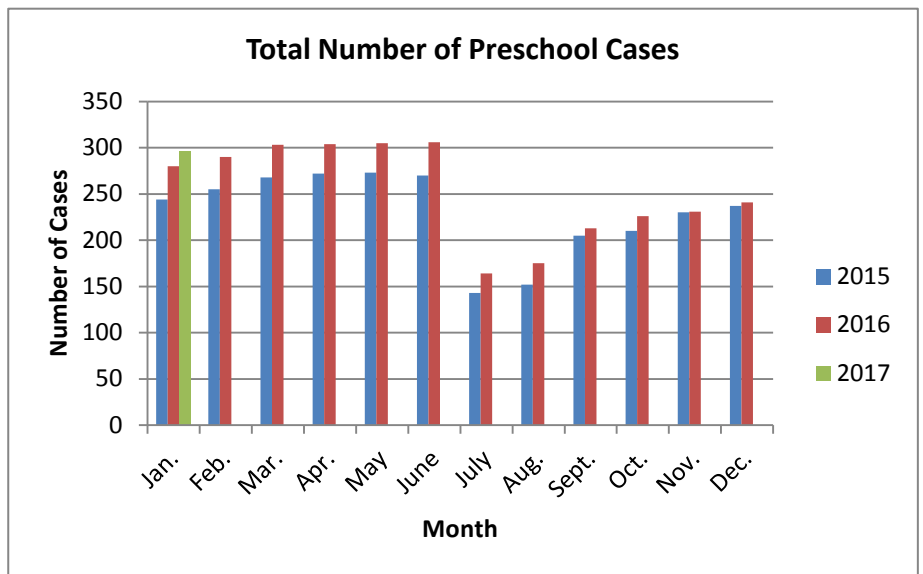
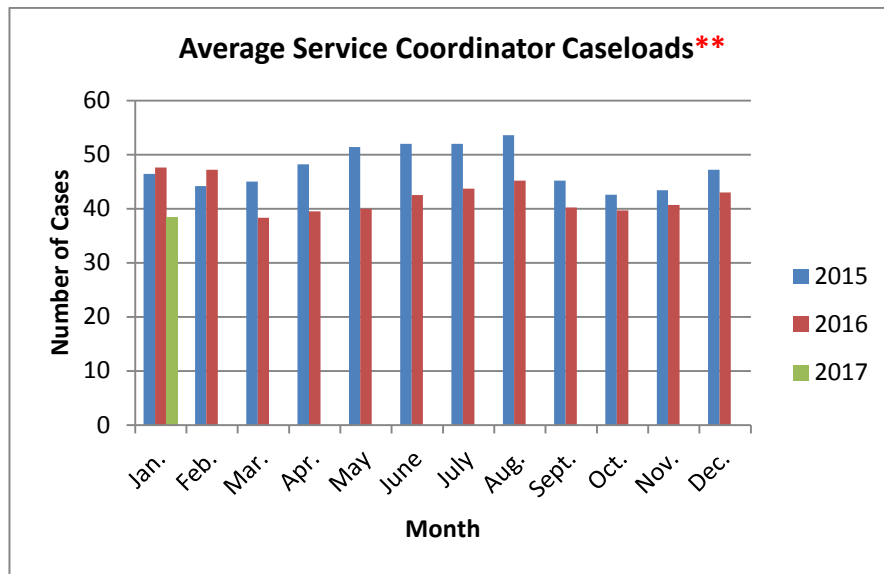
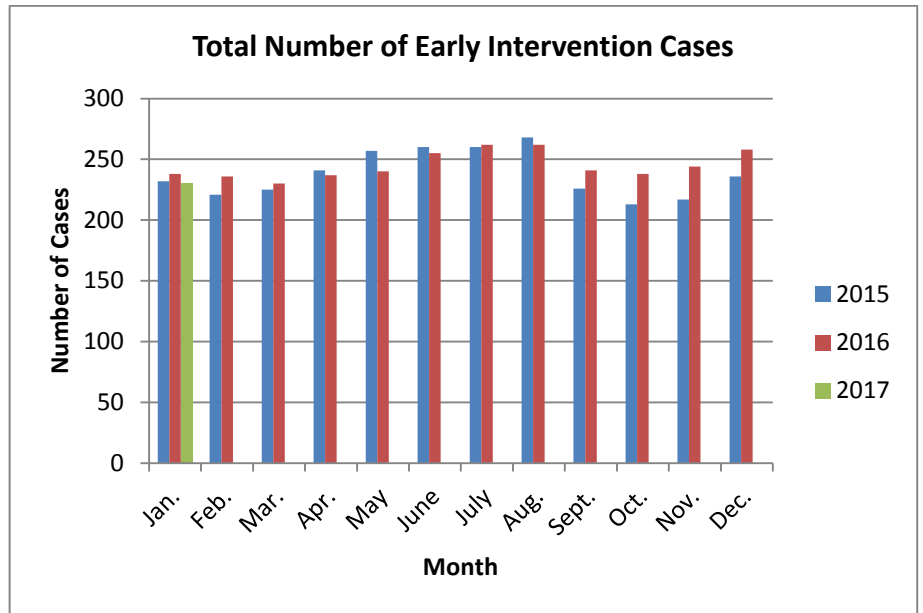
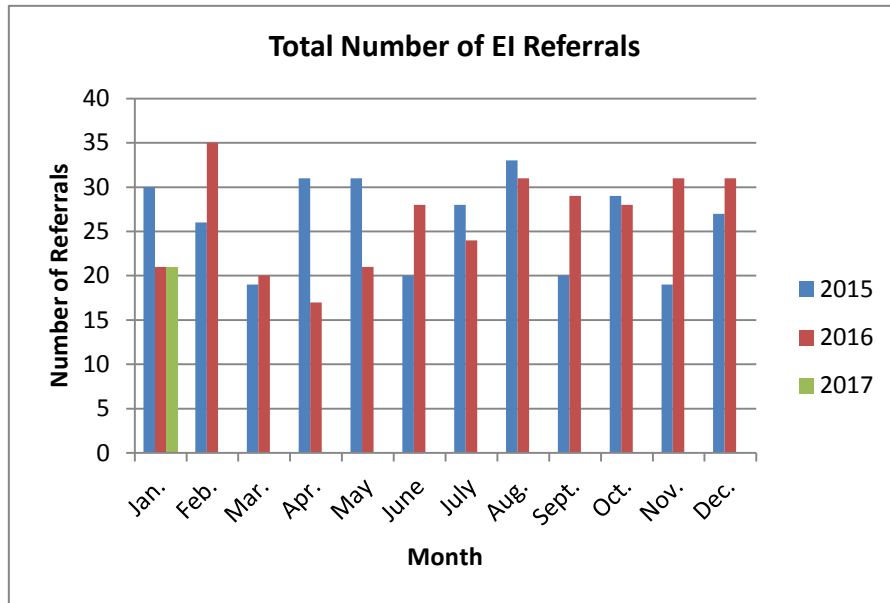
- Debbie Thomas attended Senior Leadership Meeting on 1/4/17 and 1/18/17
- Debbie met with Frank Kruppa on 1/4/17 and 1/18/17
- Debbie & Barb Wright met with Nursing Staff on 1/5/17
- Debbie met with Ithaca City School District staff on 1/6/17
- Debbie & Barb attended Management Meeting on 1/10/17
- Debbie & Barb met with Frank Kruppa on 1/11/17
- Debbie participated in a Conference call with BEI, Public Consulting Group (PCG), Department of Financial Services (DFS), Frank Kruppa, and two Early Intervention providers on 1/17/17
- Debbie met with Franziska Racker Centers staff regarding the development of Feeding Clinics on 1/19/17
- Debbie attended CPSE Chairs Meeting on 1/20/17
- Debbie attended Board of Health Meeting on 1/24/17
- Debbie Thomas attended the Collaborative Solutions Network Meeting on 1/27/17
- Debbie and all staff attended Staff Meeting on 1/30/17
- Debbie & Barb met with Cortland County EI Staff on 1/31/17
- Debbie & Barb met with Preschool billing staff on 1/31/17

Other

- Linda Taylor and Margaret Taber participated in the webinar 'Transitioning PSSHSP from CNYRIC to McGuinness Medicaid Service Bureau on 1/19/17
- Margo Polikoff attended the CPSE Chairs Meeting on 1/20/17
- CSCN Staff attended Staff Meeting on 1/30/17
- Linda and Margaret met with Debbie and Barb regarding Preschool Medicaid billing on 1/31/17

Children with Special Care Needs

Statistics Based on Program School Year



****Beginning March 2016, the number of full-time Service Coordinators increased from 5 to 6.**

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case													0	18
-- Gestational Age													0	10
-- Gestational Age/Gross Motor													0	4
-- Cognitive Delay													1	1
-- Global Delays	1												1	2
-- Hearing													0	3
-- Physical													0	0
-- Feeding													0	19
-- Feeding & Gross Motor													0	1
-- Feeding & Hearing													0	0
-- Feeding & Social Emotional													0	1
-- Gross Motor	6												6	71
-- Gross Motor & Feeding	1												1	4
-- Gross Motor & Fine Motor													0	0
-- Gross Motor & Social Emotional													0	1
-- Fine Motor													0	0
-- Fine Motor & Cognitive													0	1
-- Social Emotional													0	8
-- Social Emotional & Adaptive													0	0
-- Speech	10												10	130
-- Speech & Adaptive													0	0
-- Speech & Cognitive													0	0
-- Speech & Feeding	1												1	4
-- Speech & Fine Motor													0	0
-- Speech & Hearing													0	0
-- Speech & Gross Motor	1												1	12
-- Speech & Sensory													0	3
-- Speech & Social Emotional	1												1	7
-- Adaptive													0	0
-- Adaptive/Feeding													0	0
-- Adaptive/Sensory													0	1
-- Vision													0	0
-- Qualifying Congenital / Medical Diagnosis													0	8
-- Child Find (At Risk)													0	7
Total Number of Early Intervention Referrals	21	0	0	0	0	0	0	0	0	0	0	0	22	316

Caseloads														
Total # of clients qualified and receiving svcs	196													
Total # of clients pending intake/qualification	34													
Total # qualified and pending	230	0	0	0	0	0	0	0	0	0	0	0		
Average # of Cases per Service Coordinator	38.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- Intake visits	19												19	287
-- IFSP Meetings	43												43	474
-- Amendments	15												15	162
-- Core Evaluations	24												24	241
-- Supplemental Evaluations	13												13	68
-- DSS Visit	0												0	10
-- EIOD visits	12												12	87
-- Observation Visits	37												37	422
-- CPSE meetings	9												9	81
-- Program Visit	1												1	7
-- Family Training/Team Meetings	0												0	4
-- Transition meetings	33												33	127
-- Safe Care Visits	4												4	31
-- Other Visits	5												5	15
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	43												43	443
# of Amendments to IFSPs Completed	19												19	230
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Audiological	1													
-- Feeding	1													
-- Nutrition	0													
-- Occupational Therapy	6													
-- Physical Therapy	2													
-- Social Work	0													
-- Special Education	0													
-- Speech Therapy	1													
# of Supplemental Evaluations Pending	10	0	0	0	0	0	0	0	0	0	0	0		
Type:														
-- Audiological	4													
-- Developmental Pediatrician	0													
-- Diagnostic Psychological	0													
-- Feeding	2													
-- Physical Therapy	0													
-- Speech	2													
-- Occupational Therapy	2													
-- Vision	0													
-- Other	0													

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Services and Evaluations Pending & Completed (continued)	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
# of Supplemental Evaluations Completed	9	0	0	0	0	0	0	0	0	0	0	0	9	87
Type:														
-- Audiological	1												1	21
-- Diagnostic Psychological	0												0	1
-- Developmental Pediatrician	0												0	1
-- Feeding	2												2	7
-- Occupational Therapy	1												1	34
-- Physical Therapy	2												2	10
-- Speech Therapy	3												3	13
-- Vision	0												0	0
-- Other	0												0	0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	1													
-- Children currently suspect:	14													
Children with 'Other' Diagnosis														
-- Agenesis of Pectoral Muscle	1													
-- Brain Anomalies	1													
-- Cardiac Anomaly	4													
-- Cerebral Palsy (CP)	2													
-- Chromosome Abnormality	0													
-- Cleft Lip/Palate	5													
-- Congenital Anomaly	0													
-- Congenital Hypertonia	1													
-- Congenital Scoliosis	1													
-- Corneal Opacity	1													
-- Crouzon Syndrome	1													
-- Down Syndrome	6													
-- Epilepsy	1													
-- Failure to Thrive	1													
-- Feeding Difficulties	21													
-- Hearing Loss	4													
-- Hydronephrosis	2													
-- Hypotonia	3													
-- Macrocephaly	1													
-- Megencephaly Capillary Malformation	1													
-- Microcephaly	1													
-- Pierre Robin Syndrome	1													
-- Plagiocephaly	6													
-- Prematurity	16													
-- Reflux	5													
-- Spina Bifida	1													
-- Torticollis	8													

**Children with Special Care Needs Division
Statistical Highlights 2017**

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- To CPSE	0												0	107
-- Aged out	0												0	14
-- Declined	4												4	31
-- Skilled out	2												2	37
-- Moved	2												2	24
-- Not Eligible	4												4	72
-- Other	3												3	26
Total Number of Discharges	15	0	0	0	0	0	0	0	0	0	0	0	15	311
Child Find														
Total # of Referrals	0												0	13
Total # of Children in Child Find	3													
Total # Transferred to Early Intervention	1												1	5
Total # of Discharges	6												6	15

Children with Special Care Needs Division
Statistical Highlights 2017

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
Children per School District														
-- Ithaca	159													
-- Dryden	41													
-- Groton	25													
-- Homer	1													
-- Lansing	22													
-- Newfield	32													
-- Trumansburg	9													
-- Spencer VanEtten	3													
-- Newark Valley	0													
-- Odessa-Montour	2													
-- Candor	1													
-- Moravia	1													
-- Cortland	0													
Total # of Qualified and Receiving Services	296	0	0	0	0	0	0	0	0	0	0	0		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services Received by Discipline														
-- Speech Therapy (individual)	178													
-- Speech Therapy (group)	7													
-- Occupational Therapy (individual)	70													
-- Occupational Therapy (group)	1													
-- Physical Therapy (individual)	33													
-- Physical Therapy (group)	0													
-- Transportation														
-- Birnie Bus	29													
-- Ithaca City School District	39													
-- Parent	2													
-- Service Coordination	34													
-- Counseling	49													
-- 1:1 (Tuition Program) Aide	8													
-- Special Education Itinerate Teacher	30													
-- Parent Counseling	22													
-- Program Aide	3													
-- Teaching Assistant	4													
-- ASL Interpreter	0													
-- Audiological Services	2													
-- Teacher of the Deaf	2													
-- Auditory Verbal Therapy	0													
-- Teacher of the Visually Impaired	1													
-- Nutrition	5													
-- Assistive Technology Services	0													
-- Skilled Nursing	0													
-- Vision	0													
Total # of children rcvg. home based related svcs.	224													

Children with Special Care Needs Division
Statistical Highlights 2017

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	2017 Totals	2016 Totals
-- Ithaca	41													
-- Cortland	0													
-- Dryden	13													
-- Groton	5													
-- Lansing	5													
-- Newfield	7													
-- Trumansburg	0													
-- Odessa-Montour	0													
-- Spencer VanEtten	0													
-- Moravia	1													
-- # attending Franziska Racker Centers	42													
-- # attending Ithaca City School District	30													
Total # attending Special Ed Integrated Tuition Progr.	72	0	0	0	0	0	0	0	0	0	0	0		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- Ithaca	17												17	12
-- Dryden	6												6	7
-- Groton	2												2	1
-- Lansing	1												1	0
-- Newark Valley	0												0	0
-- Newfield	0												0	8
-- Odessa	0												0	0
--Trumansburg	0												0	0

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

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

ENVIRONMENTAL HEALTH HIGHLIGHTS January 2017

Outreach and Division News

Rabies Clinic: The Environmental Health Division (EH) held our winter rabies clinic on January 25 at the SPCA. We had the largest winter turnout since 2012. It was the first clinic where we had on-line pre-registration. We were surprised and very pleased with the number of people who signed up on-line. During the clinic, 131 cats and dogs were vaccinated. There were 114 animals that were pre-registered for the clinic, of which 80 animals showed up for their registered appointment. The remaining 51 animals vaccinated were walk-ins.

ICSD LCR Exceedance: Due to their prior Lead and Copper Rule (LCR) exceedance for the lead action level, Caroline and Enfield Elementary Schools are currently required to monitor for lead and copper every six months. The results from the most recent sampling, which was required to be conducted between July and December 2016, were received by the Ithaca City School District (ICSD) in January. The results for Enfield Elementary School exceeded the action level. The ICSD has prepared a notice that will be provided to all students and staff at Enfield. Like the other schools in the ICSD, there is no consumptive use of drinking water at Enfield – bottled water continues to be provided. Adriel Shea and Liz Cameron meet with representatives from ICSD monthly.

BricsCad: Laura Hogan continued BricsCAD design software configuration and began one- or two-on-one training in January. She worked with Janice Koski and Joel Scogin on the morning of January 11, with individual training for Cindy Schulte provided after Cindy's vacation. Laura's employment with the County stopped on February 3 but she will continue working with us as a contractor through early in 2018.

NYSDOH Ag & Markets Call: Kristee Morgan participated in a conference call with NYSDOH and other County Health Departments regarding an effort to get County representatives to assist NYSDOH in developing a protocol for a multiagency collaboration during mass food or feed product recalls or other emergency events. The Department of Agriculture and Markets Rapid Response Team (RRT) has outlined a project to develop a protocol for the agencies to work together to conduct recall audit checks during mass recalls when a product is widely distributed and there is a likelihood of injury/illness if not effectively removed from market. Some of the concerns that need to be addressed in the protocol include information sharing, work planning and assignments, forms/data collection and method of data compilation.

First Quarter Organization: The EH Public Water Program team met on January 25 and the Food Service Program team met on January 31 to plan inspections for 2017 and discuss issues and new developments.

Welcome to Mikhail Kern: Mik Kern returned to EH on January 30 as a Project Assistant working in the Drinking Water Program. Mik previously worked in EH on the Healthy Neighborhoods Program (HNP) and on the Onsite Wastewater Treatment System (OWTS) backfile project. This time Mik will be working on reviewing bacteriological sampling plans for our public water supplies, developing draft plans when documentation is not available, and calculating chlorine contact times for the water systems. If time allows, Mik will also be working on lead and copper sampling plans for the water systems. Mik's position is funded through the end of March with funds from our Drinking Water Enhancement Grant.

Congratulations to Samantha Hillson: Samantha was promoted to the Department's Director of Health Promotion and began her new role on January 30, 2017. Samantha's HNP Education Coordinator position in the Healthy Neighborhoods Program will be filled by Maya Puleo who was already serving as a HNP Education Coordinator on a temporary basis.

Rabies Externship: – Scarlett Lee, a student at Cornell University College of Veterinary Medicine, externed with EH for a two-week period from January 23rd through February 3rd. Scarlett assisted the Division with the January Rabies Clinic, developed contacts at the Cornell Vet School in an effort to coordinate outreach opportunities and facilitated a survey to local veterinarians to further expand the Division's list of cooperating veterinarians that participated in County sponsored rabies clinics. She also met with staff in other Divisions to further her understanding and knowledge of Public Health roles and responsibilities.

Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during January 2017. During these colder months, bats should be hibernating; however the irregular temperatures have continued to disrupt normal behavior. If a bat is found indoors, contact the Health Department to determine if it should be tested for rabies. If it has been determined that no exposure occurred, a wildlife rehabilitator should be contacted before releasing it outside during the colder months. Should you find any sick or injured wildlife, it is best to avoid contact. Nuisance Wildlife Control Officers and licensed Wildlife Rehabilitators are trained in proper handling. Contact information is available at the Health Department.

Key Data Overview				
	This Month	YTD 2017	YTD 2016	TOTAL 2016
Bites ¹	21	21	16	230
Non Bites ²	3	3	0	144
Referrals to Other Counties	2	2	0	46
Submissions to the Rabies Lab	13	13	11	195
Human Post-Ex Treatments	1	1	0	85
Unvaccinated Pets 6-Month Quarantined ³	0	0	0	4
Unvaccinated Pets Destroyed ⁴	0	0	1	10
Rabid Animals (Laboratory Confirmed)	0	0	1	12

¹"Bites" include all reported bites inflicted by mammals and any other wounds received while saliva is present.

²"Non-bites" include human exposures to saliva of potentially rabid animals. This also includes bats in rooms with sleeping people or young children where the bat was unavailable for testing.

³When an otherwise healthy, unvaccinated pet has contact with a rabid animal, or suspect rabid animal, that pet must be quarantined for 6 months or euthanized. Quarantine must occur in a TCHD-approved facility (such as a kennel) at the owner's expense. If the pet is still healthy at the end of 6 months, the exposure did not result in rabies and the pet is released.

⁴ Pets must be euthanized if they are unvaccinated and have been in contact with a rabid or suspect rabid animal and begin to display signs consistent with rabies. Alternatively, a pet is euthanized if a prescribed 6-month quarantine cannot be performed or the owners elect euthanasia instead of quarantine.

Reports by Animal Type												
	Bites				Animals sent to the NYS Rabies Laboratory				Rabid Animals			
	Mo	YTD 2017	YTD 2016	Total 2016	By TCHD	By Cornell	Totals		Mo	YTD 2017	YTD 2016	Total 2016
							Mo	YTD				
Cat	7	7	4	84	4	1	5	5	0	0	0	1
Dog	14	14	11	133	2	1	3	3	0	0	0	0
Cattle	0	0	0	0	0	0	0	0	0	0	0	0
Horse/Mule	0	0	0	0	0	0	0	0	0	0	0	0
Sheep/Goat	0	0	0	0	0	0	0	0	0	0	0	0
Domestic	0	0	1	1	0	0	0	0	0	0	0	0
Raccoon	0	0	0	3	0	0	0	0	0	0	0	3
Bats	0	0	0	1	4	0	4	4	0	0	0	7
Skunks	0	0	0	2	0	0	0	0	0	0	1	0
Foxes	0	0	0	0	0	0	0	0	0	0	0	1
Other Wild	0	0	0	6	0	1	1	1	0	0	0	1
Totals	21	21	16	230	10	3	13	13	0	0	1	12

Food Program

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

***Routine facility inspections** are conducted to protect public health. The inspections are made without advance notice to ensure that food processes are adequate, safe, and meet code requirements. It is important to keep in mind that inspections are only a "snapshot" in the entire year of a facility's operation and they are not always reflective of the day-to-day operations and overall condition of the operation.*

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

Burger King #2734, C-Ithaca	Ithaca Housing Authority-Titus Towers, C-Ithaca
Capital State Kitchen, C-Ithaca	Jade Garden, C-Ithaca
Chipotle Mexican Grill #1661, C-Ithaca	Little Ceasar's Pizza, C-Ithaca
Dunkin Donuts, V-Dryden	Napoli Pizzeria, C-Ithaca
Fat Jack's BBQ, C-Ithaca	Newfield Elementary School, T-Newfield
Finger Lakes Residential Center, T-Lansing	Newfield Middle/High School, T-Newfield
Foodnet-Titus Towers, C-Ithaca	Pizza and Bones, V-Dryden
Freddy's Place, V-Newfield	Spicy Asian, C-Ithaca
Gorgers, 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:

No re-inspections conducted this month.

***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:

Buffalo Wild Wings #267, C-Ithaca

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 112-124°F. The product was discarded during the inspection.

McDonalds of Dryden, V-Dryden

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were stored below 45°F. Products in the walk-in cooler were observed to be at 51-52°F. The products were discarded during the inspection.

Tokyo Hibachi, Sushi & Asian Bistro, C-Ithaca

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

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F. Products in a refrigerated storage unit were observed to be at 54-58°F. The products were moved to the walk-in cooler to be rapidly chilled to 45°F or less before use.

Wendy's, C-Ithaca

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in hot holding was observed to be at 120°F. The product was discarded during the inspection.

Oishi Bowl, C-Ithaca

Potentially hazardous foods were not cooled by an approved method. Product on a counter was observed to be at 78°F. The product was removed from service and placed in the cooler to be rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product on a counter was observed to be at 58°F. The product was moved to refrigerated storage to be 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 15 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:

United Nations Association of Cornell University – International Human Rights Day, C-Ithaca

Critical Violations were found at the following establishments:

There were no critical violations observed this month.

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:

CTB Fresh, C-Ithaca

Plans Approved:

Liquid State Brewing, C-Ithaca

New Permits Issued:

CTB Fresh, C-Ithaca

J's Grande Bistronomie, V-Dryden

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

Engineering Plans Approved

No engineering plans approved this month.

Problem Alerts/Emergency Responses

None reported in January.

Healthy Neighborhoods Program

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2017	YTD 2016	Total 2016*
# of Initial Home Visits	26	26	28	409
# of Revisits	12	12	10	129
# of Asthma Homes (initial)	5	5	3	49
# of Homes Approached	38	38	26	1218

*Covers the calendar year (January through December)

Outreach

- On January 3rd, Maya Puleo attended the Groton Mobile Food Pantry (reached 25).
- On January 4th, Pat Jebbett conducted Outreach at the WIC Clinic (reached 11).
- On January 6th, Maya conducted outreach at the Salvation Army (10 reached).
- Maya Puleo attended the Danby Mobile Food Pantry on January 23rd (reached 50).
- Maya Puleo and Pat Jebbett conducted outreach at the WIC Clinic and Salvation Army on January 26th.
- On January 27th, Pat Jebbett and Maya Puleo attended a radon workshop at Cornell Cooperative Extension (reached 8).

Childhood Lead Program

CHILDHOOD LEAD PROGRAM	MONTH	YTD 2017	YTD 2016	TOTAL 2016
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	0	2
A2: # of Children w/ BLL 10-19.9ug/dl	1	1	0	2
B: Total Environmental Inspections:				
B1: Due to A1	0	0	0	3
B2: Due to A2	1	1	0	2
C: Hazards Found:				
C1: Due to B1	0	0	0	1
C2: Due to B2	1	1	0	2
D: Abatelements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	1	1	0	5
F: Interim Controls Completed:	0	0	0	0
G: Complaints/Service Requests (w/o medical referral):	3	3	26	122
H: Samples Collected for Lab Analysis:				
- Paint	1	1	0	2
- Drinking Water	0	0	0	1
- Soil	0	0	0	3
- XRF	1	1	0	4
- Dust Wipes	2	2	0	6
- 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
10/25/16	City of Ithaca WTP	City of Ithaca	Public Water System Violations – Maximum Contaminant Level exceedances	\$500 (Paid)	Ongoing sampling requirements and public notification in Annual Water Quality Report for color violation by 5/30/17.	Monitoring Compliance
6/28/16	Traveler's Kitchen	Eric Bean	Violation of BOH Orders	\$1000 (\$500 paid)	N/A	Awaiting Payment – Referral to collection
12/10/13	Ulysses WD #3	Town of Ulysses	Public Water System Violations – Disinfection Byproducts	N/A	Begin Design of Improvement by August 2017.	Monitoring Compliance
12/11/12	Village of Dryden PWS	Village of Dryden	Public Water System Violations – Arsenic and Storage Tank Replacement	N/A	Submit certification for award of bid for construction by 3/30/17.	Monitoring Compliance



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688

Fx: (607) 274-6695

CERTIFIED AND REGULAR MAIL

January 19, 2017

Gegezeren Nfn
Apollo Restaurant
405 College Avenue
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-16-0027
Apollo Restaurant, C-Ithaca**

Dear Gegezeren Nfn:

Thank you for signing the Stipulation Agreement on January 17, 2017, for the Apollo Restaurant.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 28, 2017**. 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,

A handwritten signature in cursive script that reads 'C. Elizabeth Cameron'.

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

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Apollo\Draft Res 16-0027.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Ithaca Building Department; Mayor Myrick C-Ithaca; Rich John, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Kristee Morgan; Skip Parr, TCHD; 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-16-0027 FOR

**Apollo Restaurant
Gegezeren Nfn, Operator
405 College Avenue
Ithaca, NY 14850**

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

Whereas, it is a critical violation of Part 14-1 of NYSSC to fail to maintain potentially hazardous foods under refrigeration except during necessary preparation or approved precooling procedures; **and**

Whereas, on November 30, 2016, the Tompkins County Health Department (TCHD) observed approximately two five-pound containers of cooked duck in the walk-in cooler at temperatures between 52-59 °F. The cooked duck was stored in a preparation area for an extended period of time before it was placed in the cooler; **and**

Whereas, on December 13, 2016, the TCHD observed approximately fifteen eggs in the walk-in cooler at temperatures between 60-62 °F. The eggs had been stored on the counter for an extended period of time prior to being placed in the cooler; **and**

Whereas, a representative for Gegezeren Nfn, Operator, signed a Stipulation Agreement with Public Health Director's Orders on January 17, 2017, agreeing that Apollo Restaurant 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 Gegezeren Nfn, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due April 14, 2017**. (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Discontinue the practice of placing large quantities of potentially hazardous food out of cold storage for extended periods of time. Staff will only utilize working quantities of potentially hazardous food during food preparation and will immediately return prepped foods to adequate cold storage; **and**
3. 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**
4. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688

Fx: (607) 274-6695

STIPULATION AGREEMENT AND ORDERS # EH-ENF-16-0027

**Apollo Restaurant
Gegezeren Nfn, Operator
405 College Avenue
Ithaca, NY 14850**

I, Gegezeren Nfn, as a representative for Apollo Restaurant, agree that on November 30, 2016, and December 13, 2016, Apollo Restaurant was in violation of Subpart 14-1 of the New York State Sanitary Code for failure to maintain potentially hazardous foods at or below 45 °F during cold holding and for failure to store potentially hazardous food under refrigeration except during necessary preparation or approved precooling procedures.

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

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

1. Discontinue the practice of placing large quantities of potentially hazardous food out of cold storage for extended periods of time. Staff will only utilize working quantities of potentially hazardous food during food preparation and will immediately return prepped foods to adequate cold storage; **and**
2. 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**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: Gegezeren Nfn Date: 1/17/2017

Gegezeren Nfn is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa Date: 1/17/17
Frank Kruppa
Public Health Director



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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CASE SUMMARY – FOR RESOLUTION # EH-ENF-16-0027

**Apollo Restaurant
Gegezeren Nfn, Operator
405 College Ave.
Ithaca, NY 14850**

January 2017

Date	Action
1/17/2017	Office conference held with Apollo representative. Terms of the stipulation agreement were discussed including food preparation procedures. Signed stipulation received by TCHD.
12/27/2016	Stipulation Agreement mailed by TCHD.
12/13/2016	Re-inspection by TCHD. Violations: Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product in the walk-in was observed to be at 60-62°F. The product had been on the counter for an extended period of time before being moved back into the walk-in.
11/30/2016	Re-inspection by TCHD, initial violation corrected, different critical violation observed. Violations: Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product in the walk-in was observed to be at 52-59°F. The product had been on the counter for an extended period of time before being moved back into the walk-in.
10/19/2016	Inspection by TCHD. Violations: Potentially hazardous food were not cooled by an approved method where the food temperature can be reduced from 120°F to 70°F or less within two hours and 70°F to 45° within four hours. Product in the walk-in cooler was observed to be at 65°F and was not stored in a manner that would allow for proper cooling.
06/16/2016	Inspection by TCHD. No violations noted.
06/15/2016	Permit to Operate Apollo Restaurant issued.

Inclusion Through Diversity



Your Partner for a Healthy Community

Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

ENVIRONMENTAL HEALTH DIVISION

www.tompkinscountyny.gov/health/eh

Ph: (607) 274-6688

Fx: (607) 274-6695

CERTIFIED, REGULAR, & ELECTRONIC MAIL

January 20, 2017

Kevin Griffin
Casper's
11 Main Street
Groton, NY 13073

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0001
Casper's, Food Service Establishment, V-Groton**

Dear Mr. Griffin:

Thank you for signing the Stipulation Agreement on January 9, 2017, for Casper's.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 28, 2017**. 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,

A handwritten signature in cursive script that reads 'Elizabeth Cameron'.

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

Enclosures – Draft Resolution, Stipulation Agreement and Orders, and Case Summary

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Caspers\Draft Resolution 17-0001.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO V-Groton; Mayor V-Groton; Glenn Morey, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of
Environmental Health; Frank Kruppa, Public Health Director; 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-17-0001 FOR

**Casper's
Kevin Griffin, Owner/Operator
118 Main Street, V-Groton
Groton, NY 13073**

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

Whereas, this subpart requires a Food Service Establishment Permit to operate a Food Service Establishment; **and**

Whereas, on January 3, 2017, Tompkins County Health Department staff observed Casper's open to the public for food service without a valid permit issued by the Tompkins County Health Department; **and**

Whereas, Kevin Griffin, Owner/Operator, signed a Stipulation Agreement with Public Health Director's Orders on January 9, 2017, agreeing that Casper's 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 Kevin Griffin, Owner/Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, **due by April 14, 2017. (Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation; **and**
3. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

RECEIVED
JAN 17 2017
TCHD

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

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

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

STIPULATION AGREEMENT AND ORDERS # EH-ENF-17-0001

Casper's
Kevin Griffin, Owner/Operator
118 Main Street, V-Groton
Groton, NY 13073

I, Kevin Griffin, as a representative for Casper's, agree that on January 3, 2017, I was in violation of Subpart 14-1 of the New York State Sanitary Code for operating a food service establishment without a valid permit.

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

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

1. Submit a complete renewal application to obtain a Permit to Operate a Food Service Establishment at least 21 days before expiration of the existing permit during each year of operation.
2. Comply with all the requirements of Subpart 14-1 of the New York State Code for Food Service Establishments.

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

Signed: Kevin Griffin Date: 1/9/2017

Kevin Griffin is hereby ordered to comply with these Orders of the Public Health Director.

Signed: Frank Kruppa Date: 1/17/17
Frank Kruppa
Public Health Director

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

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

CASE SUMMARY – FOR RESOLUTION # EH-ENF-17-0001

**Casper's
Kevin Griffin, Owner/Operator
118 Main Street
Groton, NY 13073**

January 2017

Date	Action
1/17/2017	TCHD received signed stipulation agreement from Kevin Griffin.
1/9/2017	Stipulation agreement sent by TCHD to Kevin Griffin.
1/4/2017	Permit application and fees submitted to TCHD. Permit issued by TCHD.
1/3/2017	Field visit by TCHD: Facility was observed to be open to the public for food service.
12/30/2016	TCHD staff contacted Casper's and spoke with Kevin Griffin regarding the need to submit permit application.
12/28/2016	TCHD staff contacted Casper's and spoke with Kevin Griffin regarding the need to submit permit application.
12/15/2016	Late notice mailed requiring completed application, permit fee and late filing fee to be submitted by December 31, 2016. Notice stated that facility must remain closed until a permit is obtained.
10/29/2016	Renewal notice sent requiring completed application and permit fee to be submitted by December 1, 2016.
4/28/16	Inspection by TCHD: No critical violations observed.
11/24/2015	Inspection by TCHD: No critical violations observed.
11/5/2015	Permit to operate Casper's issued.

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

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

CERTIFIED AND REGULAR MAIL

February 7, 2017

Mr. Franklin Wells
Fraternal Order of Eagles
Ithaca, NY 14850

**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0004
Fraternal Order of Eagles #1253; CIAA Waiver Request**

Dear Mr. Wells:

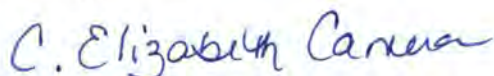
The request for a waiver renewal from Section 1399 of New York State Public Health Law Section and Chapter 72 of Tompkins County Local Law, for the Fraternal Order of Eagles #1253 was received on January 28, 2017.

Please note that this office performed an inspection to ensure compliance with the waiver conditions on February 2, 2017. As Health Department staff discussed with you during the inspection, the Fraternal Order of Eagles #1253 is not in compliance with the waiver conditions because the fan does not properly function to create a negative pressure in the smoking room and there is an insufficient barrier along the folding doors to prevent smoke drift out of the smoking room. In addition, this office received multiple complaints in 2016 and one in 2017 related to smoke drift into the non-smoking section of the building.

As a result of our findings, this office is recommending to the Board of Health that the existing waiver be revoked immediately and that your current request for waiver be denied.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, February 28, 2017**. 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, Case Summary, Inspection Findings, Request for Waiver, Resolution #EH-16-0003

pc: F:\EH\TOBACCO\CIAA\Facilities (CIAA-4)\Fraternal Order of Eagles\Waivers\2017\Eagles Draft Res EH-17-0004.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Ithaca Building Department; Mayor Myrick Ithaca- City; Leslyn McBean-Clairborne, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Skip Parr; Rene Borgella; Brenda Coyle
scan: Signed copy to Accela (#EH-ENF-16-0003)

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

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

DRAFT RESOLUTION # EH-ENF-17-0004 FOR

**Fraternal Order of Eagles #1253
161 Cecil Malone Drive, C-Ithaca
Ithaca, NY 14850**

Whereas, New York State Public Health Law Section 1399-o states "Smoking shall not be permitted and no person shall smoke in the following indoor areas: 1. Places of employment; 2. Bars; 3. Food service establishments..." and Tompkins County Local Law Section 72-7 states "Smoking shall not be permitted and no persons shall smoke in the following areas: (1.) Places of employment; (2.) Bars; (3.) Food service establishments".

Whereas, the Tompkins County Board of Health first approved a waiver for the Fraternal Order of Eagles #1253 from the above laws for 365 days (renewable) on February 8, 2005, pending certain conditions, and granted renewals annually; **and**

Whereas, the Tompkins County Health Department previously supported the waiver request based on compliance with the conditions of the waiver and because there were no reported complaints to the Department between the time period of February 8, 2005, and February 23, 2016; **and**

Whereas, the Tompkins County Health Department received complaints on August 9, 2016, August 18, 2016, August 26, 2016, November 19, 2016 and January 23, 2017, regarding smoke drift into the non-smoking area; **and**

Whereas, the Tompkins County Health Department performed a facility inspection on February 2, 2017, and observed that two conditions of the waiver requirements were not met. The fan was not properly functioning to create a negative pressure in the smoking room and there was an insufficient barrier along the folding doors to prevent smoke drift out of the smoking room; **and**

Whereas, the Tompkins County Board of Health has the authority to revoke the waiver if conditions are not complied with; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That:**

1. The waiver (Resolution # EH-16-0003) from New York State Public Health Law Section 1399-o and Tompkins County Local Law Section 72-7 for the Fraternal Order of Eagles #1253 is revoked effective immediately; **and**
2. The Fraternal Order of Eagles #1253 must not allow smoking in any portion of its facility in compliance with New York State Public Health Law Section 1399-0 and Tompkins County Local Law Section 72-7 which state that smoking in places of employment, bars and food service establishments shall not be permitted.

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

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

CASE SUMMARY

**Fraternal Order of Eagles # 1253
161 Cecil A. Malone Dr., City of Ithaca
Ithaca, NY 14850**

Compiled on February 2017

Date	Action
2/2/2017	<p>Inspection of facility by TCHD. TCHD staff met with Eagles trustees to discuss recent complaint and to evaluate compliance with waiver conditions. During inspection it was observed that there was an opening along the bottom and top of folding door that would allow smoke to drift from the smoking room especially if ventilation system is not turned on or is properly function.</p> <p>Ventilation ("Smoke Eater") system was tested by TCHD using smoke matches to determine if fans were functioning at a capacity to create negative pressure in the smoking room. Smoke match test determined that smoke was not effectively being drawn into ventilation system. The majority of the smoke was wafting in the room and not being exhausted out of the room.</p> <p>Based on observations, TCHD staff notified Eagles representatives that the facility was not meeting the requirements of their waiver. In addition, it was stated by TCHD staff to Eagles trustees that the Health Department would not be supporting their waiver request and would recommend revocation of the existing waiver based on these findings.</p>
1/23/2017	Complaint received by TCHD. Complainant reported that there was too much smoke in non-smoking area. Complainant was at the facility to have dinner but it was so smoky, that patron opted to get food for takeout. Complainant sat as far away from smoking room as possible while waiting for food.
11/19/2016	Complaint received by TCHD. Smoke was reported to be coming into non-smoking area. Complainant believes ventilation system may not work correctly and reported that smoke smell permeates all of the non-smoking area especially when the weather is colder.
11/9/2016	Complaint received by TCHD. Complaint reported that electronic cigarettes were being used in the non-smoking area. TCHD staff spoke with Mr. Wells, a trustee. He stated that he would speak to staff to remind them that smoking is only allowed outdoors or in smoking room.
8/26/2016	Complaint received by TCHD. Complainant stated that smoke was drifting under curtain of smoking room and into dining area where children and families are eating. TCHD staff visited facility and was told barrier was not being used during this time of year, smokers go outdoors.
8/18/2016	Complaint received by TCHD. Complainant stated barrier has about a 2" gap

Inclusion Through Diversity

	along the floor and that a smoke smell is coming through it. Complainant also stated some people are using electronic cigarettes in public, non-smoking area. TCHD staff visited facility to discuss the use of electronic cigarettes. There was no smoking at the time of the visit.
8/9/2016	Complaint received by TCHD. Several people reported that tobacco smoke from smoking room comes into dining area. Smell is 'very bad' and they try to sit away from barrier when possible.
2/8/2005 - 2/23/2016	Waiver issued by Board of Health based on recommendation of Tompkins County Health Department that waiver conditions were being met.
2/8/2005	Board of Health issues waiver to Fraternal Order of Eagles #1253 to allow smoking in a dedicated room pending certain conditions.

Fraternal Order of Eagles Club Inspection on February 2, 2017



View of Barrier inside of smoke room



View of Barrier outside of smoke room
showing gap at bottom



Smoke test of ventilation system – Performed directly above “smoke eater”

EH-Enf-17-0004



Tompkins County Health Department
Environmental Health Division
55 Brown Road
Ithaca NY 14850

28 January, 2017

RECEIVED

IAN 30 2017

TOMPKINS COUNTY
HEALTH DEPARTMENT

RE: Fraternal Order of Eagles #1253
CIAA Waiver Renewal Request
161 Cecil A. Malone Dr.
Ithaca NY 14850

In 2005 our application was approved for a waiver from the provisions of the New York State Clean Indoor Act and Tompkins County Local Law of 2003, to allow smoking in a separate room adjacent to the bar area of the Eagles Club. The approval of our application took place at the Tompkins County Board of Health meeting held on 8 February 2005.

Please consider this letter as our request for an extension of this waiver to cover the next 12 months through February 2018 the renewal fee of \$75.00 is enclosed. The waiver has made a difference in our business Volume which has allowed us to continue our charitable donations with in The Tompkins county Community.

As always your representatives are welcome to tour our facilities at 161 Cecil A. Malone Drive in Ithaca. If you need any other information please contact me . We have maintained the physical environment as was present in our original application when our waiver was originally granted.

Sincerely:

Franklin Wells

Trustee, Past President

Phone 272-2670 Home Phone 227-6656

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

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

RESOLUTION # EH-16-0003 FOR

**CIAA Waiver Renewal Request
Fraternal Order of Eagles #1253
161 Cecil Malone Drive, C-Ithaca
Ithaca, NY 14850**

Waiver Requested: From the New York State Public Health Law Section 1399-o, which states "*Smoking shall not be permitted and no person shall smoke in the following indoor areas: 1. Places of employment; 2. Bars; 3. Food service establishments...*" and Tompkins County Local Law Section 72-7, which states "*Smoking shall not be permitted and no persons shall smoke in the following areas: (1.) Places of employment; (2.) Bars; (3.) Food service establishments*" to allow smoking in one room adjacent to the bar area.

Whereas, the Tompkins County Board of Health first approved such a waiver for 365 days (renewable) on February 8, 2005, pending certain conditions; **and**

Whereas, those conditions were met and a waiver was issued for 365 days effective February 23, 2005; **and**

Whereas, the waiver was renewed annually for a period of 365 days; the last time effective March 25, 2015; **now therefore be it**

Resolved, that the Tompkins County Board of Health hereby issues a waiver from the New York State Clean Indoor Air Act and Chapter 72-7 of Tompkins County Local Law for a period of 365 days effective March 25, 2016, to allow smoking in a separate room adjacent to the bar area of the Eagles Club, with the stipulations of the original Board of Health action of February 8, 2005, effective March 25, 2016 through March 24, 2017.

This action was adopted by the Tompkins County Board of Health at its regular meeting on February 23, 2016.


for Frank Kruppa
Public Health Director

3/2/16
Date

Additional Information Regarding Clean Indoor Air Act Waiver
At
The Fraternal Order of Eagles #1253

- The waiver applies only to the space identified as the "smoking room", located at the extreme northeast corner of the building, and measuring approximately 24' by 25'.
- No service by employees is allowed in the smoking room, and entry to the smoking room is prohibited to persons under the age of 18. Smoking is allowed only in the smoking room. Signs, acceptable to the Tompkins County Board of Health, indicating these restrictions must be posted at all entrances to the establishment and at the entrance to the smoking room.
- A separate entrance for the smoking room must be maintained leading into the building and fitted with a self-closing door.
- A curtain or barrier must remain hanging from the ceiling along the length of the folding door as a barrier from smoke drifting through the gap. This barrier must extend from the ceiling to below the gap over the folding door.
- Whenever smoking is allowed in the smoking room, the interior doors must be kept closed and the fan that exhausts air to the outdoors must be run. This fan must be large enough to create a negative pressure in this room relative to the rest of the building.
- Tompkins County Health Department staff will visit the site to verify that these accommodations are in still in effect every year before recommending the waiver goes to the Board of Health.
- The Tompkins County Board of Health may revoke the waiver if these conditions are not complied with.
- The waiver will expire 365 days after approval. A request for an extension, if desired, must be submitted in writing, along with the appropriate fee, at least two weeks before the Board of Health meeting prior to expiration.

Waiver provisions exist in the State and Local Laws to allow for accommodations to be made for undue financial hardship. Waivers were only allowed immediately following the implementation of the State and Local Laws. Applicants were to show the effect the first year of the Laws had on their business relative to the three years before. This waiver was the only one formally requested with the appropriate application and documentation by any facility in Tompkins County.

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

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

January 20, 2017

TEMPORARY RESIDENCE PROGRAM REVISED INSPECTION POLICY

DRAFT

1. Background Information

The Tompkins County Health Department (TCHD) permits facilities that meet the definition of a Temporary Residence as defined in the New York State Sanitary Code (NYSSC) Subpart 7-1. Code Enforcement Officers (CEOs) and/or Fire Departments also inspect these facilities. Items identified as public health hazards in the NYSSC are also reviewed during inspections performed by these agencies.

2. Policy

With the intention of reducing interagency duplication of effort and to allow TCHD staff to focus on areas that are not inspected by other agencies or other concerns, annual inspections may be waived at selected Temporary Residences based on the availability of other agency inspection reports and a review of other potential public health concerns. A Temporary Residence will be inspected by the TCHD at least once every three years.

3. Procedures

- 3.1. An annual inspection will not be waived if:
 1. The facility has a new owner or operator.
 2. The facility has undergone any significant construction, modification or conversion since the last inspection.
 3. There is an indication of a significant operational or maintenance problem at the facility.
 4. The facility is used by Tompkins County Department of Social Services (DSS) as temporary housing.
 5. No inspection was conducted by either the TCHD, the Code Enforcement Officer (CEO), or Fire Department the previous year.
 6. It has been more than two years since the date of the last inspection by TCHD. Inspections will be conducted by TCHD at a minimum of once every three years.
- 3.2. The Health Department will contact the Department of Social Services to verify what hotels are being used as Temporary Residences in Tompkins County prior to assessing Temporary Residences for possible waivers each calendar year. Inspections at those hotels will be done in the first quarter of every calendar year.
- 3.3. After developing a preliminary list of Temporary Residences that may have inspections waived for that year, the Health Department will notify the CEO/Fire Department of the Health Department's intent to waive the Temporary Residence

inspection for that year. The Health Department will request for a copy of the most recent inspection and will enquire if the CEO/Fire Department plans to inspect the facility that year.

- 3.4. Inspections for additional operations (i.e. Food Service, Swimming Pool, Public Water, etc.) will continue to be conducted annually.

4. State Regulations and Guidance

Subpart 7/1 of the NY State Sanitary Code states that a permit for a Temporary Residence:

"shall be issued for a period of not more than three years from the date of issue. A permit shall not be transferable or assignable and shall expire upon a change of the operator of the temporary residence or upon the date specified by the permit-issuing official."

However, Article III of the Tompkins County Sanitary Code states that:

"Permits shall be issued annually and except for children's camps, shall expire on October 31, following the date of issuance."

Subpart 7-1 of the NY State Sanitary Code further states that:

"The permit-issuing official shall issue a permit if the temporary residence conforms or will conform at the time of operation to the requirements of this Subpart and will not present a danger to the health and safety of the occupants and general public. An applicant's past history of compliance or non-compliance will be a consideration in evaluating the previously mentioned criteria." - and -

"The permit-issuing official may establish procedures for the exchange of information with other State or local governmental agencies having responsibility for making health or safety inspections of buildings, including temporary residences as defined in this Subpart, and may utilize the information provided by any such agency in making a determination regarding the issuance, denial or revocation of a permit required by this Subpart."

5. References

1. Subpart 7-1 of the NY State Sanitary Code (2009),
2. Tompkins County Sanitary Code
3. Form: Tompkins County Temporary Residence Waiver of Inspection
F:\EH\TEMPORARY RESIDENCE (TR)\Forms (TR-IF)\Temporary Residence Waiver of Inspection.docx

01/09/2017

Subject: Summary of Changes/Updates to the **Infection Control Policy**

Change/Update	Section Title	Page	Para	Comments
Developed a Statement of Purpose	Purpose	1		
Developed the Scope of the policy	Scope	1		
Developed new policy objectives	Objectives	1		Objectives reflect the content of each section of the policy
Added Employee/Client Screening section	Policy	1-2	1	
Added Employee Immunization section	Policy	2	2	
Added Education & Training section	Policy	2-3	4	
Referenced the Universal Precautions Policy	Policy	3	5	
Defined Transmission-Based Precautions	Policy	3	6	
Expanded information on the requirements for Contact, Droplet, and Airborne Precautions	Policy	3-4	6a-c	
Removed Isolation and Quarantine information from this policy and instead referenced the Isolation & Quarantine Policy.	Policy	4	7	This information mirrored the information already stated in the Isolation & Quarantine Policy
Updated internal policy revision dates	References	4	2-4	

Community Health Services Division

DRAFT Infection Control Policy & Procedure

Purpose: To provide detailed information on how Tompkins County Health Department (TCHD) will minimize the spread of communicable disease.

Scope: This policy applies to all TCHD employees, volunteers, and interns (herein referred to as “employees”) and their encounters with clients during the provision of services in the clinic (Diagnostic & Treatment Center (D&TC)) and in the home (Licensed Home Care Service Agency (LHCSA)). The D&TC includes the following services: Medicaid Obstetrical & Maternal Services (MOMS) office visits, Immunization Clinics, Flu Clinics, Anonymous HIV Counseling & Testing, and Tuberculosis services including PPD clinics, use of negative pressure clinic room 1=202 (Exam Room A) and case management for active and latent TB cases.

Objectives:

1. Screen employees upon hire to protect clients from communicable disease through consistent adherence to the *Employee Health Policy*.
2. Screen clients for communicable disease to identify potential need for use of Transmission-Based Precautions for client encounters.
3. Adhere to illness-related employee work restrictions to reduce the risk of spreading communicable disease(s) to clients and to other employees.
4. Provide continuing education and training on infection control.
5. Consistently follow *Universal Precautions Policy* for every encounter between employees and clients to reduce the risk of communicable disease transmission.
6. Appropriately adhere to *Transmission-Based Precautions* when the need or potential need is identified through client screening.
7. When appropriate, implement aspects of the *TCHD Isolation and Quarantine Policy*.

Policy: To minimize the spread of communicable disease through appropriate implementation of screening, education and training, universal precautions, and transmission-based precautions detailed below for TCHD employees and clients.

1. Employee and Client Screening

a. Employee Screening: All TCHD employees are medically screened and evaluated prior to employment start date and are reassessed annually as prescribed in the *TCHD Employee Health Policy, 2017*. Reference 10 NYCRR § 751.6 c. and (6).

b. Client Screening

(1) Clients will check in at reception for all D&TC program appointments. A sign is posted in the reception area instructing clients to notify the receptionist if they have flu-like symptoms. Tissues and masks are provided for clients in the reception area minimally during the flu season (October – April).

(2) The Director of Community Health will coordinate with the Public Health Administrator for any changes to instructions for the screening of travel-associated communicable disease identified by the CDC through travel alerts.

(3) If a client is experiencing symptoms of an active infection (i.e. fever, diarrhea, rash, respiratory symptoms, draining wounds, skin lesions, or flu-like symptoms) upon check-in, reception staff will alert the appropriate program area staff of client illness. If the client is experiencing flu-like symptoms, the receptionist will ask the client to wear a mask and to perform hand hygiene if hands have been in contact with respiratory secretions. Client will be instructed to stay away from others in the reception area. Program area staff will assess the client's condition and determine if the client may proceed to receive D&TC services. If it is determined that the client may not receive services, administrative staff will reschedule the appointment as appropriate.

2. Employee Immunizations

a. All employees must be vaccinated in accordance with the *TCHD Employee Health Policy, 2017*. Reference 10 NYCRR § 751.6 c. and (6).

b. Flu season dates will be announced each year by the New York State Commissioner of Health. All D&TC employees will be vaccinated against the influenza (flu) virus at the beginning of the fall flu season as vaccine becomes available. Employees who are not vaccinated will be required to wear a surgical or procedure mask while providing D&TC services for the entirety of the flu season. Reference Title 10, Section 2.59 "Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel".

3. Employee Illness-Related Work Restrictions. Employee work restriction is dependent upon specific communicable disease(s) identified or suspected in an employee.

a. Gastrointestinal illness defined as vomiting and/or diarrhea. Employees will remain out of work while symptomatic and until vomiting and/or diarrhea has stopped for 24 hours. Upon return to work, employees are to practice scrupulous hand hygiene.

b. Flu-like illness defined as respiratory symptoms, fever, chills, body aches. Employees will remain out of work while symptomatic and until afebrile for 24 hours but in any case at least 5 days after symptom onset.

c. Employees will follow healthcare provider's instructions for work restrictions for all other communicable disease diagnoses. Employees will provide their supervisor with a medical note from a healthcare provider stating when the employee may return to work.

4. Education and Training

a. Bloodborne Pathogen training will be provided to all employees within three months of hire and annually. Bloodborne Pathogen training will at a minimum include:

(1) Definitions, types, modes of transmission, and treatment of bloodborne pathogens

(2) Universal Precautions:

- Definition and rationale for universal precautions
- Hand hygiene
- Definition and use of personal protective equipment (PPE)
- Engineering controls, including appropriate use of sharps containers, safety medical devices, and negative pressure rooms
- Cleaning and disinfection of equipment and surfaces
- Respiratory hygiene & cough etiquette

(3) Post-exposure Prophylaxis instructions

b. Employees receive Right-to-Know Training during the annual TCHD online training program.

c. Supervisors observe and evaluate employee clinical competencies annually.

5. Universal Precautions: The minimum infection prevention measures that apply to all encounters between employees and clients, regardless of client communicable disease status. Universal Precautions include hand hygiene, use of Personal Protective Equipment (PPE), safe injection practices, medication storage and handling, and maintenance of clean equipment and environmental surfaces. See *Universal Precautions Policy, 01/03/17*.

6. Transmission-Based Precautions (TBP) will be followed in addition to Universal Precautions if a suspected or confirmed communicable disease case has been identified which can be transmitted through direct physical contact, through respiratory droplets, or through airborne route. Employees will adhere to the specific form of TBP (Contact, Droplet, or Airborne Precautions) depending on the suspected or confirmed communicable disease.

a. Airborne Precautions will be followed by employees for known or suspected infection with a pathogen that is transmitted via airborne route. Pathogens include but are not limited to tuberculosis, measles, and chickenpox (until lesions are crusted over). Employees will adhere to the following requirements for Airborne Precautions:

- (1) Use the TCHD negative pressure room located in Exam Room A, room 1-202.
- (2) Client will be immediately given a mask to wear and will be placed in room 1-202 with the door closed.
- (3) If room 1-202 is unavailable, client will be instructed to wear mask for entire stay in the facility and will be placed in an alternate clinic room with the door closed. Client will be instructed to notify employee if mask becomes damaged, wet, or needs to be replaced for another reason, in which case the employee will immediately provide a new mask.
- (4) All employees entering the client room or care area will wear a fit-tested N95 respirator. Respirator will be donned before entering the client room or area. If an employee has not been fit-tested for an N95 respirator, they will not be allowed to enter the room. Employee will remove N95 respirator **after** leaving the client room and closing the client room door.
- (5) Employees will wear gloves, gown and eye protection in addition to N95 if substantial spraying of respiratory fluids is anticipated.
- (6) When client must leave the room, they will be instructed to wear face mask, to avoid contact with others, and to practice respiratory hygiene and cough etiquette.
- (7) A "DO NOT ENTER" sign with the universal biological symbol will be placed on the exterior clinic room door and the room will remain vacant for 24 hours after the client leaves. If employees must enter the room before the time is up, they will wear N95 respirator.
- (8) Employees will follow CDC recommendations for other diseases or conditions not listed here that may require Airborne Precautions

b. Contact Precautions will be followed for symptoms including but not limited to stool incontinence (which may indicate norovirus, rotavirus, or clostridium difficile), draining wounds, chickenpox or shingles lesions, uncontrolled secretions, pressure ulcers, ostomy/drainage bags for body fluids, generalized rash, or confirmed or suspected drug-resistant bacterial infection. Contact Precautions requirements include:

- (1) Client will be placed in a private room, placing priority on providing private rooms for clients with stool incontinence, uncovered draining wounds and/or skin lesions, or uncontrolled secretions.
- (2) Employees will wear gown and gloves during client interactions.
- (3) Employees will perform hand hygiene after removal of PPE. Alcohol-based hand rub is the preferred method of hand hygiene except when hands are visibly soiled or client has known or suspected infectious diarrhea. In such circumstance, the employee must wash hands with soap and water after any contact with client or potentially contaminated surfaces.
- (4) Client room will be cleaned and disinfected before use by another client.
- (5) Clients with known or suspected infectious diarrhea will be instructed to use the clinic hallway bathroom. Once used, a sign will be placed on the door stating that the bathroom is "OUT OF ORDER". Coordination for bathroom cleanup and disinfections will be conducted as described in the "Equipment and Environmental

Surfaces Disinfection/Cleanup” section of the TCHD Universal Precautions Policy prior to use by other clients/employees.

(6) Employees will follow CDC recommendations for other diseases/conditions not listed here that may require Contact Precautions. The TCHD Ebola Response Plan will be followed for all clients with suspected or confirmed viral hemorrhagic fever.

c. Droplet Precautions will be followed for known or suspected infection with a pathogen that is transmitted by droplet route, including but not limited to respiratory viruses and Bordetella pertussis. If a client is known or suspected to be infected with Neisseria meningitides or Group A Streptococcus, the client will be placed on Droplet Precautions if they have not been treated or are in the first 24 hours of physician-prescribed therapy. Droplet Precautions include:

(1) Client will be placed in private room. If this is not possible, the client must be placed at least three feet away from other clients and visitors and will be given a face mask to wear. Client will be instructed to practice respiratory hygiene and cough etiquette at all times.

(2) Employees will wear a face mask if they are within three feet of client.

(3) Employees will wear a gown, gloves and eye protection if substantial spraying of respiratory secretions is anticipated.

(4) Employees will perform hand hygiene before and after contact with the client and after contact with potentially infected surfaces and equipment. Employees will wash hands with soap and water if hands are visibly soiled.

(5) Coordination for cleanup/disinfection of room will be conducted as described in the “Equipment and Environmental Surfaces Disinfection/Cleanup” section of the TCHD Universal Precautions Policy prior to use by other clients/employees.

(6) Employees will follow CDC recommendations for other diseases or conditions not listed here that may require Droplet Precautions.

7. Isolation and Quarantine. Employees will refer to the *TCHD Isolation and Quarantine Policy, 2017*.

References

1. 10 NYCRR § 751.6 c. and (6)
2. TCHD Employee Health Policy, 2017
3. Division for Community Health, Universal Precautions Policy, 2017
4. Division for Community Health, Isolation and Quarantine Policy, 2017
5. Communicable Disease Response Procedure & Communicable Disease Staff Listing, Communicable Disease Manual I, CHS work area 1-215-H
6. CDC. *Guidelines for Environmental Infection Control in Health-Care Facilities*, MMWR 2003; 52(RR10); 1-42
7. CDC. *Updated Norovirus Outbreak Management and Disease Prevention Guidelines*, MMWR March 3, 2011/60(RR03): 1-15 and Erratum: May 27, 2011, Vol.60 (RR-3)
8. CDC. (2016). *Healthcare-associated Infections*. Retrieved from <http://www.cdc.gov/hai/>

William Klepack, MD, Medical Director
Tompkins County Health Department

Date

Original: 9/19/03.kb

Reviewed: 01/03/04.kb, 6/10/11.kb, 9/28/12.sc, 11/04/16.kb

Revised: 11/04/16

Board of Health Approval: *pending*

01/20/2017

Subject: Summary of Changes/Updates to the **Employee Health Program Policy**

Change/Update	Section Title	Page	Para	Comments
Changed policy name from Employee Health Program Policy to Employee Health Policy	Policy name	1		
Developed a Statement of Purpose	Purpose	1		
Developed the Scope of the policy	Scope	1		
Developed new policy objectives	Objectives	1		Objectives reflect the content of each section of the policy
Added TCHD Physical Exam for Prospective Employees	Policy	1	1-1a	
Updated Tuberculosis screening to current recommendations	Policy	1-2	2-2a	Role of designated CHN performing TB screening
Updated medical exemption to Rubella and or Rubeola immunization	Policy	2-3	(3)	Medical exemption must be in accord with ACIP
Updated influenza immunization requirement for health care workers	Policy	3	(5)	
Updated immunization recommendations	Policy	3	c (1-3)	Pneumonia and Shingles
Updated annual employee health assessment	Policy	3	3	Acceptable proof of annual health assessment and how it is handled
Updated employee illness-related work restriction	Policy	3-4	4 (1-4)	
Updated References	References	4		
Updated TCHD Annual Health Assessment Form	Attachment	5		Added Tuberculin skin test or symptom check result; not just date done

Tompkins County Health Department
DRAFT Employee Health Policy

Purpose: To provide clear guidelines on how Tompkins County Health Department (TCHD) will minimize the spread of communicable disease in its employees.

Scope: This policy applies to all TCHD employees, volunteers, and interns (herein referred to as “employees”) working in the Diagnostic & Treatment Center (D&TC) or “clinic” and in the client’s home. Direct contact with clients is defined as providing hands on care to the client (i.e. touching client, taking client’s blood pressure, administering immunizations, etc.)

Objectives:

1. Screen employees upon hire to protect other employees and clients from communicable disease.
2. Complete employee testing and immunization requirements per NYS regulation prior to assuming direct client contact. **Reference:** New York State Sanitary Code, Title 10, Section 751.6 (Article 28 Diagnostic & Treatment Center requirements), New York State Sanitary Code, Title 10, Section 766.11 (Article 36 Licensed Home Care Service Agency requirements)
3. Screen employees annually using the *Tompkins County Health Department Annual Health Assessment Form*, Attachment A.
4. Adhere to illness-related employee work restrictions to reduce the risk of spreading communicable disease to clients and other employees.

Policy: To minimize the spread of communicable disease from employees to employees and to clients.

1. Employee pre-employment screening: All TCHD employees shall have a medical evaluation within six (6) months prior to hire. The medical evaluation shall be of sufficient scope to ensure that the employee is “free from any health impairment which might impose risk to the clients or which might interfere with the employee’s performance of his/her duties, including communicable disease and the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs or substances which may alter the employee’s behavior”. Prospective employees must provide documentation of a satisfactory medical evaluation prior to beginning employment. See *TCHD Physical Exam for Prospective Employees form*, Attachment B.

a. Medical evaluation can be arranged with Cayuga Medical Associates for those prospective employees without a medical provider and/or without health insurance. Such medical evaluation will be billed to TCHD at the current contract rate.

2. Employee required tests and immunizations: All required employee tests and immunizations are provided free-of-charge by the health department. Division Directors are responsible for decisions regarding screening costs for volunteers, students, and contractors. The following are required tests and immunizations for all TCHD employees prior to working in the clinic and in the client’s home.

a. Tuberculosis screening

(1)New employees are required to have a baseline tuberculin skin test (TST) or whole blood interferon gamma release assay (IGRAs) test or if applicable, a Tuberculosis symptom check screening completed prior to direct client contact. This is routinely accomplished on day 1 of employment by appointment with a designated Community Health Nurse (CHN) in Community Health Services.

- i. Two-step TST testing is recommended as a baseline for all new employees whose initial TST result is negative. A second TST is not needed if the initial TST is positive or the employee has a documented TST performed within the previous 12 months.
- ii. The decision to perform two-step TST testing or IGRA test or Tuberculosis symptom check screening is based on the CHN's assessment of the employee's documentation and health history including contraindications to testing.
- iii. Employees are not allowed to read/interpret their own TST test result or perform their own symptom check screening. Both are done by a designated Community Health Nurse in Community Health Services.

(2) Positive initial Tuberculosis screening requires following established written clinical protocol in the *Tuberculosis Case Management Policy* in Community Health Services. A baseline chest x-ray must be obtained and the employee will be excluded from work until active Tuberculosis has been ruled out.

(3) Annual Tuberculosis screening is required for employees per the *TCHD Health Requirements & Training Grid, Attachment C*. Annual Tuberculosis screening is conducted by the designated CHN in Community Health Services.

(4) Proof of Tuberculosis screening is maintained confidentially in the employee's personnel medical file.

b. Immunization requirements

(1) Rubella (German Measles) proof of immunity is required.

- i. Acceptable proof of immunity is a document prepared by a physician, physician's assistant, specialist's assistant, nurse practitioner, licensed midwife, or a permitted laboratory demonstrating serologic evidence of **rubella antibodies**, **OR**
- ii. A document indicating one dose of live virus rubella vaccine administered on or after the age of twelve (12) months, including the vaccine administered, vaccine administration date (xx/xx/xxxx), and the name of the vaccine administering health care provider, **OR**
- iii. A document from a previous employer or school which the employee attended which meets i or ii above.
- iv. **In the absence of proof of rubella immunity**, employees without contraindications will receive the Measles, Mumps, Rubella (**MMR**) vaccine from Community Health Services nursing staff.

(2) Rubeola (Measles) proof of immunity is required.

- i. Acceptable proof of immunity is a document prepared by a physician, physician's assistant, specialist's assistant, nurse practitioner, licensed midwife, or a permitted laboratory demonstrating serologic evidence of **rubeola antibodies**, **OR**
- ii. A document indicating **two (2)** doses of live virus measles vaccine administered with the first dose administered on or after the age of twelve (12) months and the second dose administered more than 30 days after the first dose, but after 15 months of age, including the vaccine administered, vaccine administration date (xx/xx/xxxx), and the name of the vaccine administering health care provider, **OR**
- iii. A document indicating diagnosis of measles disease by a physician, physician's assistant, specialist's assistant, nurse practitioner, or licensed midwife, **OR**
- iv. A document from a previous employer or school which the employee attended which meets i, ii, or iii above.
- v. **In the absence of proof of rubeola immunity**, employees without contraindications will receive the Measles, Mumps, Rubella (**MMR**) vaccine from Community Health Services nursing staff.

(3) Medical exemption to rubella and or rubeola immunization must be in writing from the employee's physician, physician's assistant, specialist's assistant, nurse practitioner, or licensed midwife certifying that such immunization may be detrimental to the employee's health specifically stating the nature and duration of the

medical exemption. The medical exemption must be in accordance with generally accepted medical standards published in the Advisory Committee on Immunization Practices (ACIP).

(4) Hepatitis B proof of immunity is required for at-risk employees defined in the *Tompkins County Bloodborne Pathogen Exposure Control Plan*.

- i. Acceptable proof of immunity is a document prepared by a physician, physician's assistant, specialist's assistant, nurse practitioner, licensed midwife, or a permitted laboratory demonstrating serologic evidence of **hepatitis B antibodies**, **OR**
- ii. A document indicating **three (3) doses of hepatitis B vaccine** administered including the vaccine administered, vaccine administration dates (xx/xx/xxxx), and the name of the vaccine administering health care provider, **OR**
- iii. An at-risk employee signed **Hepatitis B vaccination declination form, Attachment D**.
Any employee who refused Hepatitis B vaccination initially, may subsequently request it at any time.

(5) Influenza immunization is required annually for all Community Health Services employees per the New York State Sanitary Code (10 NYCRR § 2.59) and Article 28 & 36 of the Public Health Law. It is highly recommended for all other TCHD employees.

- i. Per the annual declaration date by the New York State Department of Health (NYSDOH) Commissioner that influenza is prevalent in New York State, any CHS employee who is not vaccinated against influenza must wear a surgical or procedure mask while providing client care in the clinic or in the client's home. This requirement remains in effect until the NYSDOH Commissioner declares influenza no longer prevalent in New York State.

(6) Varicella proof of immunity is required.

- i. Acceptable proof of immunity is a physician diagnosed and documented history of varicella disease, **OR**
- ii. A document indicating positive Varicella serology, **OR**
- iii. A document indicating two (2) doses of Varicella vaccine including the vaccine administered, vaccine administration date (xx/xx/xxxx), and the name of the vaccine administering health care provider.

c. Immunization recommendations

(1) Tdap (tetanus diphtheria acellular tetanus) or Td (tetanus diphtheria) immunization is routinely recommended for all employees and is available by appointment with Community Health Services.

(2) Pneumonia (Pneumovax or Prevnar) immunization and Shingles (Zoster) immunization is recommended for age eligible employees and may be available by appointment with Community Health Services.

(3) All other routine adult immunizations should be obtained via the employee's primary healthcare provider or pharmacist at their own expense.

3. Annual employee health assessment is required for employees. Acceptable proof of annual health assessment is either a medical statement from the employee's primary care provider or an employee completed *TCHD Health Assessment Form*. The medical statement or health assessment form is handled confidentially, reviewed by the Director of Community Health and if needed, by the TCHD Medical Director to determine if the employee is medically able to perform their work duties and maintained in the employee's medical personnel file.

4. Employee illness-related work restriction is dependent upon the specific communicable disease identified or suspected in an employee. It is the employee's responsibility to report their illness to their immediate supervisor.

(1) ***Flu-like illness*** defined as respiratory symptoms, fever, chills, body aches. **Employees will remain out of work while symptomatic and until afebrile for 24 hours but in any case at least 5 days after symptom onset.**

(2) ***Gastrointestinal illness*** defined as vomiting and/or diarrhea. **Employees will remain out of work while symptomatic and until vomiting and/or diarrhea has stopped for 24 hours. Upon return to work, employees are to practice scrupulous hand hygiene.**

(3) For all other communicable disease diagnoses, the employee will follow their healthcare provider's instructions for work restrictions.

(4) Absence from work for 5 days or longer requires a medical statement clearing the employee to return to work.

References

1. New York State Sanitary Code, Title 10, Section 751.6 (Article 28 Diagnostic & Treatment Center)
2. New York State Sanitary Code, Title 10, Section 766.11 (Article 36 Licensed Home Care Service Agency)
3. New York State Sanitary Code, Title 10, Section 2.59 (Influenza mandate)
4. Division for Community Health, Universal Precautions Policy, 2017
5. Division for Community Health, Infection Control Policy, 2017
6. Communicable Disease Manual I, CHS work area 1-215-H
7. Tuberculosis Case Management & Follow-Up Policy, 2015
8. Tompkins County Bloodborne Pathogen Exposure Control Plan

Attachments

- A. TCHD Annual Health Assessment Form, 01/17
- B. TCHD Physical Exam for Prospective Employees Form, 8/14
- C. TCHD Health Requirements & Training Grid, 5/20/16
- D. Hepatitis B vaccination declination form, 4/15/14

William Klepack, MD, Medical Director
Tompkins County Health Department

Date

Original: 12/2008
Revised: 01/13/17

Board of Health approval: *pending*



TOMPKINS COUNTY HEALTH DEPARTMENT ANNUAL HEALTH ASSESSMENT

(Please print) Name:	Date Sent:	Date Due:
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The Annual Health Reassessment form is completed by all applicable staff in order to ensure they are free from health impairments which may pose potential risk to clients, co-workers, or themselves, or which may interfere with performance of their duties. All information is maintained strictly confidential. Return the completed form to _____ by the due date.

Has there been any change in your health since the last evaluation which has an effect on your ability to perform your job duties?
☐ **No** ☐ **Yes** If so, please explain _____

<i>In the <u>past year</u>, indicate whether you have experienced any of the following:</i>	No	Yes	<i>(If YES, describe briefly. If necessary, elaborate below in Comments section or attach additional sheets.)</i>
Dizziness or fainting	<input type="checkbox"/>	<input type="checkbox"/>	
Unexpected weight change +/- 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	
Change in vision (blurred, double vision)	<input type="checkbox"/>	<input type="checkbox"/>	
Ringing in ears or difficulty hearing	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter behavior	<input type="checkbox"/>	<input type="checkbox"/>	
Edema or difficulty breathing	<input type="checkbox"/>	<input type="checkbox"/>	
Palpitations or chest pain	<input type="checkbox"/>	<input type="checkbox"/>	
Changes in bowel habits or rectal bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (including latex)	<input type="checkbox"/>	<input type="checkbox"/>	
Low/high blood sugar	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	
Persistently enlarged lymph glands	<input type="checkbox"/>	<input type="checkbox"/>	
Joint pain/limited range of motion	<input type="checkbox"/>	<input type="checkbox"/>	
Persistent cough, sore throat, or hoarseness	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
Blood in the urine	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical procedures performed	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical procedures recommended	<input type="checkbox"/>	<input type="checkbox"/>	
Physical work restrictions	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:			

TOMPKINS COUNTY HEALTH DEPARTMENT ANNUAL HEALTH REASSESSMENT

In the past year, indicate if you have been treated by a doctor for any of the following conditions:

	No	Yes <i>(If YES, describe briefly. If necessary, elaborate below in Comments section or attach additional sheets.)</i>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac disease	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory/pulmonary disease	<input type="checkbox"/>	<input type="checkbox"/>
Vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
Joint disease or other orthopedic condition	<input type="checkbox"/>	<input type="checkbox"/>
Gastrointestinal disease	<input type="checkbox"/>	<input type="checkbox"/>
Genitourinary disease	<input type="checkbox"/>	<input type="checkbox"/>
Skin disease/dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Mental disorder or problem	<input type="checkbox"/>	<input type="checkbox"/>
Communicable disease	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Annual Tuberculosis Screening (either Tuberculin Skin Test (TST) or symptom check date: _____
Results: (circle one) negative OR positive . If positive, specify action steps taken including whether cleared for work:

By signing below, I certify that my answers are correct and true to the best of my knowledge. I understand that this information will be confidentially maintained and that I may be requested to provide additional information related to my health status to ensure that I am medically able to perform those duties as described in my job description without potential risk to myself, my clients, or my co-workers.

Staff Signature: _____ **Date:** _____

FOR AGENCY USE ONLY

I have reviewed the Annual Health Reassessment for the above named individual, and have determined that:

- ☐ The Health Reassessment is satisfactory and no additional information is required.
☐ Additional health information is necessary and is attached for review by the Medical Director.

**Agency Signature and
Professional Licensure:**

Date:

To be completed by Medical Director only if additional information is requested:

- ☐ Additional information has been reviewed and health status has been found to be acceptable.
☐ Additional information is needed.
☐ Statement requested from employee's primary care provider regarding ability to perform work duties.

Medical Director Signature:

Date:

TOMPKINS COUNTY HEALTH DEPARTMENT

**PHYSICAL EXAM* FOR PROSPECTIVE EMPLOYEES
(TO BE COMPLETED BY PHYSICIAN, P.A., or N.P.)**

MEDICAL EVALUATION FOR POSITION OF: _____

Employee: _____

Date of Birth: _____

T: _____ P: _____ R: _____ BP: _____

Vision: R _____ L _____

	NO PROBLEMS	CONCERNS
Ear, Nose & Throat		
Heart		
Lungs		
Breasts		
Abdomen		
Neck and Spine		
Hernia		
Feet		
Extremities		
Skin		
Eyes		
Hearing		

Appears free from a health impairment which is of potential risk to the patient or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior:

_____yes _____no

Assessment:

_____ Medically Acceptable Without Limitations

_____ Medically Acceptable With Limitations (specify) _____

_____ Medically Unacceptable; reason _____

Health Care Provider's Signature _____ Date _____

M.D., P.A. or N.P. (circle one)

*TCHD responsible for TB screening and immunization documentation.

*Please return form marked confidential to: Frank Kruppa
Public Health Director
Tompkins County Health Department
55 Brown Road
Ithaca, NY 14850*

TCHD Health Requirements Training Grid

	Health Assessments, screening, vaccinations, etc.											Training		
	Pre-Employment Assessment	Annual Health Assessment	Initial TST screen	Annual TST screen	Initial Rubella Vac/Titer	Initial Rubeola Vac/Titer	Initial Mumps Vac/Titer	HepB Vac/Titer or declination	Tdap	Varicella or declination	Influenza Mandate**	Initial or Annual BBP Trng	Initial or Annual TB Trng	Bi-Annual CPR Trng
Community Health Services & Director of Community Health														
Staff	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Recommend	Recommend	Yes	Yes	Yes	Yes
Interns, Students & Volunteers	Yes if direct pt contact	Yes if direct pt contact	Yes	Yes	Yes	Yes	Yes	Yes-if at risk for BBP exp	Recommend	Recommend	Yes	Yes-if at risk for BBP exp	Yes if direct pt contact	Yes if direct pt contact
Children with Special Care Needs														
Staff	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Recommend	Yes	Yes	Yes	Yes	Yes
Interns, Students & Volunteers	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Recommend	Recommend	Yes	Recommend	Recommend	Yes	Recommend
Environmental Health														
Staff	No	No	Yes	No	Yes	Yes	Yes	No	Recommend	No	Recommend	No	No	No
Staff, interns in Lead or HNP programs	No	No	Yes	Yes	Yes	Yes	Yes	No	Recommend	No	Recommend	No	Yes	No
Staff handling rabies shipping	No	No	Yes	No	Yes	Yes	Yes	No	Recommend	No	Recommend	Yes	No	No
Interns, Students, Volunteers	No	No	Yes	No	Yes	Yes	Yes	No	Recommend	No	Recommend	No	No	No
Health Promotion Program														
Staff	No	No	Yes	No	Yes	Yes	Yes	No	Recommend	No	Recommend	No	No	No
HPP RN if direct pt contact/clinics	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Recommend	Recommend	Yes	Yes	Yes	Yes
Interns, Students & Volunteers	No	No	Yes	No	Yes	Yes	Yes	No	Recommend	No	Recommend	No	No	No
Planning & Coordination (Administration)														
Staff, students, interns	No	No	Yes	No	Yes	Yes	Yes	No	Recommend	No	Recommend	No	No	No
Staff/Students, etc. if direct pt contact/clinics	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Recommend	No	Yes	No	Yes	Yes
WIC														
Staff	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Recommend	No	Recommend	Yes	Yes	Recommend
Interns, Students & Volunteers	No	No	Yes	Yes	Yes	Yes	Yes	No	Recommend	No	Recommend	No	Yes	Recommend
Facilities														
Staff who routinely work in clinic	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Recommend	No	Yes	Yes	Yes	No
* Refer to TCHD Employee Health Requirements Policy & Procedure & Employee Influenza Policy for more detail										Original: 2/7/13		Revised: 7/3/14, 3/28/15, 5/20/16		
Key: TST = Tuberculin Skin Test; Vac = vaccine; BBP = bloodborne pathogen										Reference: NYSDOH regulations for D&TC and Home Care				

Hepatitis B Vaccination DECLINATION FORM

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

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

Employee Name (please print)

Employee Signature

Date

Employee County Department

Position Title

Department Safety Coordinator Signature

Date

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

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

Original: 11/89

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