

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, June 27, 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 May 23, 2017 Minutes (2 mins.)

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

12:15 V. Reports (15 mins.)

Administration

County Attorney's Report

Medical Director's Report

Environmental Health

Division for Community Health

CSB Report

Children with Special Care Needs

12:30 VI. New Business

12:30 ***Environmental Health (25 mins.)***

Enforcement Action:

1. Resolution #EH-ENF-17-0013 – Congers Mobile Home Park, T-Dryden, Violation of Article VI of Tompkins County Sanitary Code and Part 17 of the New York State Sanitary Code (Sewage) (5 mins.)
2. Resolution #EH-ENF-17-0016 – Ko Ko, C-Ithaca, Violation of Violation of Subpart 14-1 of the New York State Sanitary Code (Food) (5 mins.)

Administrative Action:

1. Houghtling Request to Waive Septic Tank Application Fee, 352 Smith Road, T-Groton (5 mins.)
2. Kanellis Request for Waiver of minimum lot size as required by Article VI of Tompkins County Sanitary Code, 722 & 726 Valley Road, T-Caroline (5 mins.)
3. Norton Request for Waiver of separation distance from driveway as required by Article VI of Tompkins County Sanitary Code, 113 Maplewood Road, T-Ulysses (5 mins.)

AGENDA
Tompkins County Board of Health
Tuesday, June 27, 2017

- 12:55** ***Division for Community Health (10 mins.)***
Discussion/Approval:
 1. Employee Health Policy with revised annual health assessment form (5 mins.)
 2. Haemophilis Influenzae type B (ActHIB) Vaccine Policy (5 mins.)
- 1:05** ***Administration (15 mins.)***
Discussion: 2018 Proposed Budget (15 mins.)
- 1:20** ***Adjournment***

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MINUTES
Tompkins County Board of Health
May 23, 2017
12:00 Noon
Rice Conference Room

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

Staff: Karen Bishop, Director of Community Health; Liz Cameron, Director of Environmental Health; Brenda Grinnell Crosby, Public Health Administrator; William Klepack, MD, Medical Director; and Shelley Comisi, Administrative Assistant II

Excused: Will Burbank, Board of Health Member; Frank Kruppa, Public Health Director; Deb Thomas, Director of Children with Special Care Needs; and Jonathan Wood, County Attorney

Guests: Amber DeJesus, Senior Account Clerk Typist; Samantha Hillson, Director of Health Promotion; Amy Hopkins, Community Health Nurse; and Skip Parr, Senior Public Health Sanitarian

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

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

Approval of April 25, 2017 Minutes: Ms. Merkel moved to approve the minutes of the April 25, 2017 meeting as written; seconded by Dr. Evelyn; and carried unanimously.

Financial Summary: Ms. Grinnell Crosby referred to the December 2016/13th period financial report in the packet. The County has not formally closed the books for 2016 as the Finance Department continues to make small corrections. There is nothing significant to report for 2017. Staff is in the midst of working on Article 6 state aid claim. Although there was a reporting problem in the Environmental Health Information Processing System (EHIPS), staff was able to put together some statistics for the first quarter and will make adjustments in the second quarter when the report is ready.

Referring to the April 2017 report, Ms. Merkel asked about the local share percentages for Women, Infants and Children (3,039.97%) and Healthy Neighborhoods Program (718.28%). Ms. Grinnell Crosby reported those are grant claims; the money has been spent but the claim is not filed until next month or the end of the quarter.

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

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Medical Director's Report: Dr. Klepack reported his clinical review of Supervised Injection Facilities will be presented later in the meeting.

Division for Community Health Report: Ms. Bishop announced the New York State Commissioner of Health declared influenza is no longer prevalent in the state as of May 4, 2017. This declaration means that health care workers who are not vaccinated against influenza are no longer required to wear masks in areas where patients are typically present.

Introductions: Ms. Bishop introduced Amy Hopkins, one of the Community Health Nurses working with STI cases. As part of the Communicable Disease Team, she is involved with the Talk-Test-Treat message that our Division has been promoting throughout the community.

Ms. Grinnell Crosby introduced Amber DeJesus from Administration who will be providing clerical backup support for BOH meetings.

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

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

Environmental Health Report: Ms. Cameron had nothing to add to the written report.

Report on the Community Services Board (CSB) Meeting: Dr. Koppel reported on his experience attending the CSB meeting on May 1, 2017. Joe Sammons, Executive Director of Challenge Workforce Solutions, was the guest speaker. Challenge is a non-profit organization that helps people with disabilities and people facing other barriers to obtain employment in the community. It was interesting to hear the story of Challenge services.

The CSB also reviewed their Priority Plan for 2018 that identified five priority outcomes with strategies for each one: (1) find ways to better utilize existing resources in the community, (2) promote safe and stable housing for those with mental illness, alcohol and drug dependencies, and developmental disabilities, (3) review community based services to address emerging needs, (4) focus on transportation needs, particularly for people living in rural areas who may have trouble connecting with resources, and (5) work with the criminal justice system where people who have mental illness are more likely to be incarcerated or to have interaction with the system.

Dr. Koppel concluded his summary of the CSB meeting by noting the final discussion item was Mr. Kruppa's overview of the Fiscal Administrator position and how that role would expand if the Legislature chooses to continue the dual department head structure in 2019.

Highlights from the Board's discussion centering on the CSB and BOH relationship:

- As the two boards interact and develop connections, Dr. Koppel anticipates there will be possibilities to work together on projects in the future.

- Mr. Greenhouse inquired about any commonality between the populations served by the two boards. Dr. Klepack responded private medical practices frequently refer people to mental health. At Cornell's medical facility, Dr. Koppel pointed out counseling services are integrated with medical care. To see that access on a community level is the trend for medicine and psychiatry/psychology today.
- Dr. Evelyn mentioned there are working groups looking at integration of primary care and mental health primarily through the Delivery System Reform Incentive Payment (DSRIP) program. A significant issue is resources. The amount of money society puts into mental health/behavioral health is much less than medical care.
- Ms. Merkel suggested there might be a role for the BOH to focus on prevention and access to healthcare for those populations the CSB oversees.
- Mr. McLaughlin recommended setting a timeline or goal that would move the two boards beyond visiting one another to actually implementing opportunities for the two departments to work together to improve services.
- Ms. Merkel recommended the next step be professional development through a seminar or workshop that provides a learning opportunity for both boards.
- Dr. Klepack thought a workshop with the theme of prevention and early intervention would be an interesting topic for the two departments to explore.
- Dr. Morgan raised the possibility of the boards continuing to collaborate regardless of the Legislature's future decision regarding the dual department head structure.

At the end of the discussion, Dr. Macmillan summarized the consensus is the BOH wants to explore collaborative processes with the CSB in a more significant way. The visitation process was the beginning step that has been educational. As a starting point for further collaboration, Board members will look to Mr. Kruppa to put forward some ideas about areas where the two departments have an overlap of services.

Resolution #EH-ENF-17-0010 – Auntie Anne's Pretzels, V-Lansing, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):

Resolution #EH-ENF-17-0012 – Hope's Events and Catering, V-Cayuga Heights, Violation of Subpart 14-1 of the New York State Sanitary Code (Food):

Ms. Cameron reported the two aforementioned resolutions involve existing food service establishments that were operating without a permit. In response to questions from Board members, Ms. Cameron answered:

- New York State requires Workers' Compensation and Disability insurance forms as part of the permitting process. Both food establishments were late with their insurance forms so permits could not be issued.
- Under the food service establishment code, TCHD has the authority to shut down a facility for operating without a permit; however, these two cases were for administrative violations. There were no food safety issues.
- In an effort to strike a balance across all program areas, there is one late fee of \$50 for all operations. EH staff could revisit the fee structure and look at different late fees for the various types of operations.

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- If the public goes online to check food establishments, there is an inspection chart available through the New York State Department of Health (NYSDOH) website, but it does not show information on the status of permits. For those people who know how to use it, the Accela software system has a public portal showing the status of the application review process.

Mr. Greenhouse moved to accept both resolutions as written; seconded by Dr. Koppel. The vote: Aye – 6; Abstention – 1 (Dr. Evelyn was not present); carried.

Review of Proposed 2018 Environmental Health Division Fees: Ms. Cameron referred to the spreadsheet of fees. To help recover costs, EH is proposing to increase the fee for the community water system plan review from \$410 to \$450. Ms. Cameron answered questions from Board members:

- Community water systems include all municipalities and operations such as mobile home parks.
- Water systems pay a fee to cover EH oversight and inspections. To support timely water sampling, staff is reviewing our process of tracking the results submitted by each system. This internal effort to improve the process is preferable to assessing late fees.
- There are two late application fees for temporary food service establishments. The late fee depends upon the timeframe when the application is submitted.
- EH staff designs many on-site wastewater treatment systems. In some cases, an outside engineer will design a system and submit a plan to TCHD. There is a fee for EH staff to review those outside plans.

Mr. McLaughlin moved to approve the proposed Environmental Health Division Fees for 2018 as written; seconded by Dr. Morgan; and carried unanimously.

Supervised Injection Facilities – A Clinical Review: Dr. Klepack pointed out the detailed text of this presentation is in the May 23, 2017 BOH packet. He emphasized his report on supervised injection facilities (SIFs) does not represent the policy of TCHD or the County.

To put this subject into context, Dr. Klepack mentioned two articles recently printed in *The Ithaca Journal* on: (1) the rise of drug deaths in upstate New York, and (2) infectious disease risks from injection opioid use.

SIFs are sanctioned, supervised physical places where clients bring their *pre-obtained* drugs for self-injection/inhalation. Trained personnel are present to provide overdose care, harm reduction, medical care, and referrals to counseling, detox and other community services. Around the globe there are numerous SIFs in large urban centers (97 worldwide; none in the United States). Data has been gathered from over 37 years of experience with SIFs. The question is whether SIFs can successfully be scaled to small, rural, or suburban communities.

SIFs are a component in the move away from the law enforcement model to a medical model of treatment. Globally there have been tens of millions of injections with one fatality due to anaphylactic shock. In Vancouver, there was a 35% reduction in fatal overdoses in the *area around the program site* compared to only 9% reduction in the rest of the city.

The SIF serves as a portal to medically assisted treatment using medications to help keep people abstinent from illicit drugs; a portal to detox like the detox center being planned in Ithaca for startup in 2018; and a portal to continued care for those who are not ready to change. In Vancouver, there was strong initial opposition to the SIF from abstinence-based providers. As they received referrals, they became allies of the program.

Of all new infectious disease cases in the United States, injecting drug users account for 56% of Hepatitis C cases and 11% of HIV cases for a healthcare cost of \$6.6 billion annually. With a SIF, infectious disease is reduced because (1) the facility typically has clean equipment available, and (2) there is a reduction in unsanitary “hurry up” injections. In cost savings estimates, the SIF incurs net negative costs and increases client life expectancy. Hospital length of stay drops from 12 to 4 days. The projected savings is \$2.33 for every dollar spent; however, the savings could be different for a county of 100,000 people rather than a large urban center.

Although narcotics are illegal, each of the global communities found a way to allow for the operation of a SIF. It required a combination of efforts on the part of legislatures, public health, treatment practitioners/providers, community partners, and law enforcement to find a practical path forward. The SIF has received endorsements from some law enforcement agencies.

In general there has been a favorable reaction in urban centers. Several medical societies in Canada and the United States support the SIF. The Centers for Disease Control and Prevention (CDC) has reviewed Montreal’s plan and believes it is a sound public health plan. Indications of success with SIFs can be seen as other cities expand or establish sites. The New York State Academy of Family Physicians (NYSAFP) has asked NYSDOH to establish pilots.

SIFs have never been proposed as a panacea. Other strategies remain important: personal physicians; point of care interventions including hospitals, rehab and detox facilities; long term counseling/support; and medically assisted treatment medications.

In his concluding remarks, Dr. Klepack summarized there is global data that supports SIFs. Pilot trials are warranted to provide further data regarding efficacy and scalability to smaller communities. If we are sincere about reducing harm to fellow human beings and believe the data that shows the medical model can prove superior to the law enforcement model, then SIFs are a rational component of our overall approach to drug addiction.

A lengthy discussion ensued with the following main points:

- Dr. Morgan was impressed there was a significant number of overdoses [9,105] and zero fatalities in the Frankfurt and Sydney facilities. Dr. Klepack pointed out the people who overdosed at those facilities may have been transported to a hospital for further treatment; nevertheless, there were no fatalities at the two facilities.
- There was a question from Mr. Greenhouse about who pays the cost of treatment for people who are diagnosed with Hepatitis C or HIV. Dr. Klepack responded that it depends on the target population. A working professional with a drug problem would probably have private health insurance, whereas a homeless person would probably be picked up by safety net programs like Medicaid.

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- As for the cost of transferring uninsured or underinsured people to a hospital, Dr. Evelyn explained people who are overdosing are receiving emergency treatment until they arrive at the hospital emergency room. Society is currently bearing the cost.
- When Dr. Macmillan asked if there was evidence of drug sales occurring inside these facilities, Dr. Klepack replied there was some difficulty in Vancouver where sales were going on behind the facility. However, he did not read about any activity inside the facility.
- Dr. Macmillan found the American Public Health Association online article Dr. Klepack cited in the packet report entitled, “Defining and Implementing a Public Health Response to Drug Use and Misuse,” to be worthwhile reading.
- Looking at SIFs from another perspective, Mr. McLaughlin asked if there are reports less favorable to the facilities. During his research, Dr. Klepack did not find any public health associations opposed to the idea; however, there is a question regarding people who are abstinent. There is some concern about a potential relapse if the SIF is in the community, but Dr. Klepack has not found any research to support that fear.
- Mr. McLaughlin wondered whether the SIF is the best way to respond to the drug issue when small communities like Ithaca have limited financial resources. Dr. Klepack noted it seems that New York State has an interest in knowing more about the effectiveness of SIFs in different sized communities and may be a source of funding. Within our community, area practitioners are apprehensive about money being taken away from other modalities in order to support a SIF. That is the push and the pull in this debate.
- In her opinion, Ms. Merkel felt this model is a research project that deserves consideration. If it proves to be worthwhile, then attitudes about how to treat and help drug addicts may change.
- Dr. Macmillan stressed the SIF needs to be a part of a larger structure of medical care and addiction care support structure. It is a good thing if the community can pay for this process and also rehabilitate people.

As the discussion ended, there was overall agreement that many questions remain about the populations who would be served in this setting and whether they would be motivated to utilize a SIF. Dr. Klepack suggested a variety of approaches are needed for the different types of people living in our community.

Adjournment: At 1:55 p.m. Dr. Macmillan moved to adjourn the meeting.

Board of Health
June 27, 2017
Financial Report

December 2016/13th period

No changes since last month. This is the final report for 2016.

Board of Health
June 27, 2017
Financial Report

May 2017 / Month 5

High local share percentages (ex. 4012 WIC 5,524.17%) are the result of encumbered funds and timing of filing claims. Spending appears a bit lower, however payrolls are posted the month they are paid (8 business days of May will be paid in June).

Revenues for non-mandate programs are down; monthly grant claims are always at least one month behind. Article 6 Public Health State first quarter has been filed and we have received approval on our application.

There are no significant issues to report at this time.

Year 16 Month 13

Tompkins County Financial Report for Public Health

Percentage of Year 100.00%

4010 PH ADMINISTRATION	1,002,458	906,332	90.41%
4012 WOMEN, INFANTS & CHILDREN	497,422	454,678	91.41%
4013 OCCUPATIONAL HLTH. & SFTY.	114,238	66,786	58.46%
4014 MEDICAL EXAMINER	61,652	60,929	98.83%
4015 VITAL RECORDS	69,365	67,011	96.61%
4016 COMMUNITY HEALTH	1,585,848	1,411,212	88.99%
4018 HEALTHY NEIGHBORHOOD PROG	204,781	170,272	83.15%
4047 PLNG. & COORD. OF C.S.N.	1,317,288	1,242,690	94.34%
4048 PHYS. HANDIC. CHIL. TREATMNT	8,000	1,660	20.74%
4090 ENVIRONMENTAL HEALTH	1,487,132	1,474,864	99.18%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%
Total Non-Mandate	6,348,184	5,856,435	92.25%
2960 PRESCHOOL SPECIAL EDUCATI	5,400,000	4,723,342	87.47%
4017 MEDICAL EXAMINER PROGRAM	167,935	167,932	100.00%
4054 EARLY INTERV (BIRTH-3)	853,010	468,985	54.98%
Total Mandate	6,420,945	5,360,258	83.48%
Total Public Health	12,769,129	11,216,693	87.84%

Expenditures			Revenues			Local Share		
Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
1,002,458	906,332	90.41%	172,025	157,267	91.42%	830,433	749,066	90.20%
497,422	454,678	91.41%	495,448	454,573	91.75%	1,974	105	70.73%
114,238	66,786	58.46%	0	0	0.00%	114,238	66,786	58.46%
61,652	60,929	98.83%	0	0	0.00%	61,652	60,929	98.83%
69,365	67,011	96.61%	129,000	130,550	101.20%	-59,635	-63,538	106.54%
1,585,848	1,411,212	88.99%	364,980	346,765	95.01%	1,220,868	1,064,446	87.50%
204,781	170,272	83.15%	203,665	174,934	85.89%	1,116	-4,661	315.39%
1,317,288	1,242,690	94.34%	397,792	385,010	96.79%	919,496	857,680	93.28%
8,000	1,660	20.74%	4,000	875	21.87%	4,000	785	19.62%
1,487,132	1,474,864	99.18%	550,576	569,607	103.46%	936,556	905,257	96.66%
0	0	0.00%	1,113,118	1,074,937	96.57%	-1,113,118	-1,074,937	96.57%
6,348,184	5,856,435	92.25%	3,430,604	3,294,518	96.03%	2,917,580	2,561,917	87.81%
5,400,000	4,723,342	87.47%	2,910,000	2,847,775	97.86%	2,490,000	1,875,567	75.32%
167,935	167,932	100.00%	0	0	0.00%	167,935	167,932	100.00%
853,010	468,985	54.98%	306,000	239,119	78.14%	547,010	229,866	42.02%
6,420,945	5,360,258	83.48%	3,216,000	3,086,894	95.99%	3,204,945	2,273,364	70.93%
12,769,129	11,216,693	87.84%	6,646,604	6,381,412	96.01%	6,122,525	4,835,282	78.98%

BALANCES (Includes Encumbrances)

	Available Budget	Revenues Needed
NON-MANDATE		
4010 Administration	96,126	14,758
4012 WIC	41,453	40,875
4013 Health & Safety	47,452	0
4014 Medical Examiner	723	0
4015 Vitals	2,354	-1,550
4016 Community Health	170,763	18,215
4018 Healthy Neighborhood	26,327	28,731
4047 CSCN	74,598	12,782
4048 PHCP	6,340	3,125
4090 Environmental Health	12,268	-19,031
4095 State Aid	0	38,181
	478,403	136,086

	Available Budget	Revenues Needed
MANDATE		
2960 Preschool	676,658	62,225
4054 Early Intervention	384,025	66,881
4017 Medical Examiner	3	0
	1,060,687	129,106

Total Public Health Balances	
Available Budget	Revenues Needed
1,539,090	265,192

Year 17 Month 5

Tompkins County Financial Report for Public Health

Percentage of Year 41.67%

4010 PH ADMINISTRATION	1,106,715	351,771	31.79%
4012 WOMEN, INFANTS & CHILDREN	532,827	180,179	33.82%
4013 OCCUPATIONAL HLTH.& SFTY.	106,103	38,362	36.16%
4014 MEDICAL EXAMINER	62,887	25,076	39.87%
4015 VITAL RECORDS	71,999	24,892	34.57%
4016 COMMUNITY HEALTH	1,607,012	491,355	30.58%
4018 HEALTHY NEIGHBORHOOD PROG	212,755	76,558	35.98%
4047 PLNG. & COORD. OF C.S.N.	1,361,142	440,963	32.40%
4048 PHYS.HANDIC.CHIL.TREATMNT	8,000	0	0.00%
4090 ENVIRONMENTAL HEALTH	1,575,618	535,806	34.01%
4095 PUBLIC HEALTH STATE AID	0	0	0.00%
Total Non-Mandate	6,645,058	2,164,961	32.58%
2960 PRESCHOOL SPECIAL EDUCATI	5,080,000	1,511,575	29.76%
4017 MEDICAL EXAMINER PROGRAM	190,160	51,816	27.25%
4054 EARLY INTERV (BIRTH-3)	705,000	269,814	38.27%
Total Mandate	5,975,160	1,833,205	30.68%
Total Public Health	12,620,218	3,998,166	31.68%

Expenditures			Revenues			Local Share		
Budget	Paid YTD	%	Budget	YTD	%	Budget	YTD	%
1,106,715	351,771	31.79%	136,870	19,822	14.48%	969,845	331,949	34.67%
532,827	180,179	33.82%	531,536	115,216	21.68%	1,291	64,963	5,524.17%
106,103	38,362	36.16%	0	0	0.00%	106,103	38,362	36.16%
62,887	25,076	39.87%	0	0	0.00%	62,887	25,076	39.87%
71,999	24,892	34.57%	83,843	43,289	51.63%	-11,844	-18,397	154.06%
1,607,012	491,355	30.58%	397,236	91,660	23.07%	1,209,776	399,695	45.29%
212,755	76,558	35.98%	204,574	61,533	30.08%	8,181	15,025	206.31%
1,361,142	440,963	32.40%	389,792	112,621	28.89%	971,350	328,342	34.13%
8,000	0	0.00%	4,000	0	0.00%	4,000	0	
1,575,618	535,806	34.01%	566,034	197,897	34.96%	1,009,584	337,908	35.59%
0	0	0.00%	1,156,711	472,610	40.86%	-1,156,711	-472,610	40.86%
6,645,058	2,164,961	32.58%	3,470,596	1,114,648	32.12%	3,174,462	1,050,313	33.09%
5,080,000	1,511,575	29.76%	2,840,000	646,614	22.77%	2,240,000	864,961	57.91%
190,160	51,816	27.25%	0	0	0.00%	190,160	51,816	27.25%
705,000	269,814	38.27%	300,000	1,282	0.43%	405,000	268,532	66.30%
5,975,160	1,833,205	30.68%	3,140,000	647,896	20.63%	2,835,160	1,185,309	41.81%
12,620,218	3,998,166	31.68%	6,610,596	1,762,544	26.66%	6,009,622	2,235,622	37.20%

BALANCES (Includes Encumbrances)

NON-MANDATE		Available Budget	Revenues Needed	MANDATE		Available Budget	Revenues Needed
4010 Administration		750,610	117,048	2960 Preschool		3,136,146	2,193,386
4012 WIC		346,292	416,320	4054 Early Intervention		435,186	298,718
4013 Health & Safety		67,436	0	4017 Medical Examiner		31,653	0
4014 Medical Examiner		16,120	0			<u>3,602,986</u>	<u>2,492,104</u>
4015 Vitals		46,957	40,554				
4016 Community Health		967,443	305,576				
4018 Healthy Neighborhood		134,343	143,041				
4047 CSCN		917,042	277,171				
4048 PHCP		8,000	4,000				
4090 Environmental Health		1,018,431	368,137				
4095 State Aid		0	684,101				
		<u>4,272,674</u>	<u>2,355,948</u>				

Total Public Health Balances	
Available Budget	Revenues Needed
7,875,660	4,848,052

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

I am on vacation and unable to be with you today.

Supervised Injection Facilities:

A presentation is planned for July 10th to the Mental Health Board. I will use the same materials which I presented to you in May.

Other Activities have included:

- Reviewing and updating numerous immunization policies/procedures.
- Orders for Children with Special Care Needs and Early Intervention.
- The usual rabies vaccination orders.
- Met with Samantha Hillson to review TCHD's use of Facebook in order to more fully understand its role and, in addition, how I might use it.

HEALTH PROMOTION PROGRAM – May 2017

Samantha Hillson, Director, PIO
Ted Schiele, Planner/ Evaluator
Susan Dunlop, Community Health Nurse
Maya Puleo, Healthy Neighborhoods Education Coordinator
Pat Jebbett, Public Health Sanitarian

Community Outreach

- County Office of the Aging Annual Meeting (Dunlop & Hillson attended, 5/3)
- Ithaca Neighborhood Housing Services Annual Meeting (Hillson attended, 5/4)
- Health Planning Council meeting (Hillson Board member, Schiele visitor, 5/8)
- Tompkins County [Worksite Wellness Coalition](#) meeting (Schiele coalition staff person, Hillson & Schiele attended, 5/11)
- Farm to Plate Conference (Hillson attended, 5/12)
- PHIP meeting (Hillson attended, 5/16)
- Ultimate Re-entry Collective Impact meeting (Hillson attended, 5/17)
- Community Healthcare Forum (Dunlop attended, 5/17)
- Met with Manager of Respiratory Therapy at CMC to discuss fall educational programming (Dunlop, 5/31)
- Greater TC Municipal Health Insurance Consortium (Consortium),
 - Annual Education Retreat: “Subscriber Choices & Impact” (Schiele & Dunlop attended, 5/10)
 - Excellus Strategic Advisory Group meeting, held in Geneva, attended with Consortium 2 board members and the Exec. Dir. (Schiele–OYOH chair, 5/19)
 - Owning Your Own Health Committee, monthly meeting, (Schiele, chaired, 6/24)
 - Joint Committee on Plan Structure & Design, monthly meeting (Schiele, attended, 6/4)
- Healthy Lungs for Tompkins County
 - Community coalition, formerly asthma coalition, restarted Summer 2016. Meetings occur monthly, most recently on 5/15, with Hillson, Puleo, Jebbett, Dunlop, Schiele attending.
 - The coalition is currently composed of representatives from Tompkins County Health Department (Susan, Ted, Samantha, Maya, Pat), Cayuga Medical Center (Carrie Westlake, Respiratory Therapist), Health Planning Council (Bev Chin), Department of Emergency Response (Beth Harrington), and Ithaca City School District (Cathy Sinnott, Head Nurse).
 - Harmonicas for Health, a program that supports people with Chronic Obstructive Pulmonary Disease (COPD) and other respiratory disease to breathe easier and decrease stress related to chronic disease by learning to play the harmonica to practice breathing exercises. The program curriculum offers education, peer support, and the opportunity to come together in a fun environment to develop breathing strategies that will improve overall quality of life.

- Health Promotion, with the support of our partner agencies, plans to offer this program to the community starting in September 2017.
- [Collaborative Solutions Network](#): meeting of the Resource Mapping subgroup (Schiele, 5/9)

TCHD Participation and Support

- Staff Satisfaction Task Force meeting (Dunlop chaired, Schiele attended, 5/16)
- Supervisory Trainings at TC3 (Hillson, 5/5)
- Employee Evaluation Tool meetings for the Health Department (Hillson Participated, 5/12)
- Presented at Environmental Health staff meeting about Health Promotion Pgm (Hillson, 5/24)
- Active shooter class (Schiele attended, 5/1)
- Met with Laura Schneider, Health & Safety Coordinator, to discuss website updates (Schiele, 5/26)
- Worked with CHS on a radio scrip for HIV (Schiele)

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

- Met with CAPA representatives and HSC members to discuss Diabetes Prevention Program outreach to providers (Dunlop, 5/18)
- Met with 2 provider's offices to provide updated Diabetes Prevention materials (Dunlop, 5/31)

Community Health Improvement Plan (CHIP)

- Ongoing work for Performance Incentive Program: Chronic Disease Prevention (Hillson & Schiele, due June 30)

Tobacco Control Program

- Tobacco-21 (T-21)
 - Full legislature meeting at which the T-21 law was voted on. Law passed 9-5. Will go into effect July 1. (Schiele attended & spoke during public comment period, 5/2)
 - Meeting with Environmental Health's ATUPA staff to review HPP plan for distributing materials T-21 educational materials and new red letter signs (Hillson & Schiele, 5/16)
 - Letter and FAQ were mailed to all tobacco retailers June 6. The same letter and FAQ, along with the new sign and an optional door sticker will be delivered to all retailers before July 1. See these elsewhere in this packet.
 - Press coverage after the law passed: Ithaca Voice, Ithaca Journal, Ithaca Times, WBNG-TV, Syracuse.com.
 - Extensive article was published in the Binghamton Press & Sun Bulletin (online at PressConnects.com, 5/25) and on the front page of the Ithaca Journal (5/27).
- Ithaca College (Schiele)
 - Joined with 2 students in a 5/8 meeting with a Provost and 2 members of the president's College Advisory Committee. Our purpose was to ask for the administration to form a committee that would form a tobacco-free campus policy and implement it within 18-24 months. The IC Student Government passed a resolution in May 2016 calling for

such a committee. Because the resolution is a year old, the Provost asked for a new resolution to be taken up by students.

- Meetings and conference calls
 - Cortland-Tompkins-Chenango monthly grant staff, 5/5
 - Statewide program monthly call, 5/2
 - Statewide Media workgroup, various

Healthy Neighborhoods Program (HNP)

The budget was decreased by 8.8% for the remainder of the grant cycle (until 2018). Budget was amended and new contract was sent to the State.

- Presented at TC Action's Corn Street Apartments, providing residents with education on home safety (Puleo, 5/17).
- Coalition for Families meeting (Puleo attended, 5/18).
- Presented at TC Action's Magnolia House, providing residents with education on home safety (Puleo, 5/24).
- HNP Outreach (Puleo, Jebbett)
 - Outreach at the Mental Health Association Carnival (5/6, reached 50).
 - Outreach at the Enfield Rabies Clinic (5/11, reached 75).
 - Tabled at Loaves and Fishes Lunch (5/17, reached 55).
 - Tabled at Loaves and Fishes Dinner (5/23, reached 60).
 - Outreach at WIC and Salvation Army Food Pantry (5/24, reached 12).
- Activity

HEALTHY NEIGHBORHOODS PROGRAM	MAY 2017	YTD 2017	YTD 2016	TOTAL 2016*
# of Initial Home Visits	39	141	136	409
# of Revisits	10	68	65	129
# of Asthma Homes (initial)	3	13	23	49
# of Homes Approached	52	308	216	1218

* Covers the calendar year (January through December), the HNP grant year is April-March

Web site postings

- Facebook team meeting (Hillson, Schiele, 5/30)
- Page and content updates for immunizations, ticks and mosquito borne diseases, meningitis, annual water week activities, product recall for lead paint, Board of Health packet & approved minutes

SALE of
cigarettes, cigars, chewing tobacco,
powdered tobacco, shisha
or other tobacco products,
herbal cigarettes, liquid nicotine,
electronic cigarettes, rolling papers
or smoking paraphernalia,
to persons UNDER 21 years of
age is PROHIBITED BY LAW.

DATE: June 1, 2017
TO: Retailers in Tompkins County who sell tobacco, vape, and paraphernalia products
FROM: Frank Kruppa
RE: Tobacco 21 (T-21)

At its May 2, 2017 meeting, the Tompkins County Legislature passed *Local Law No. b of 2017*, raising the minimum legal age for tobacco sales from 18 to 21. Effective July 1, 2017, all products currently listed on the red-letter sign as prohibited for sale to persons under age 18 will be prohibited for sale to persons under age 21. This includes electronic cigarettes, vaping devices and liquids, and paraphernalia.

The Tompkins County Legislature took this step because raising the minimum legal age to 21 is an evidence-based way to reduce tobacco use initiation and potential long-term nicotine addiction among adolescents and teenagers.

As of July 1, all retailers who sell these products should have a new red-letter sign posted for age 21. Health Department staff plan to visit all retailers prior to July 1 to deliver a new sign and educational materials. However, it is the retailer's responsibility to post the proper sign by the effective date.

As is currently the case, the new law will be enforced by the Tompkins County Health Department, with compliance checks conducted by the Environmental Health Division of the Health Department. An education campaign will be directed by the Health Promotion Program of the Health Department.

If you have any questions, please do not hesitate to contact Health Promotion staff at (607) 274-6710. Visit www.TompkinsCountyNY.gov/health/T21 to download the red-letter sign, read an FAQ, or learn more about raising the minimum legal age as a way to help reduce tobacco and nicotine use by youth.



TOBACCO-21

What You Need to Know

Local Law No. b of 2017: No person shall sell any tobacco product, electronic nicotine delivery system, shisha, or smoking paraphernalia to persons under the Legal Age, which is age 21 years.



What is the new law?

This law prohibits retailers from selling cigarettes, cigars, smokeless or other tobacco products, electronic cigarettes, vaping devices or supplies, or paraphernalia to anyone under age 21.

When does this law go into effect?

This law takes effect on July 1, 2017.

Why did Tompkins County pass this law?

The intent of this law is to reduce adolescent and teen access to tobacco and nicotine products. Nicotine is a highly addictive drug, and individuals who delay use of nicotine until age 21 or 25 are significantly less likely to develop a lifelong addiction to the drug. The Institute of Medicine has determined that increasing the minimum legal age for tobacco purchase will likely prevent or delay the initiation of nicotine use by adolescents and young adults, especially for teens age 15-17 years.

What products does this law apply to?

The law applies to all products that are age restricted by the NYS Adolescent Tobacco Use Prevention Act (ATUPA), including but not limited to cigarettes, cigars, smokeless tobacco, shisha, e-cigarettes and vaping devices, liquid nicotine, and smoking paraphernalia.

Will new signage be required for stores in Tompkins County?

Yes. All retailers that sell applicable products are required to post in a place highly visible to customers, a sign that complies with the Tompkins County law on informing customers of the minimum sales age for these items. The sign is available at the Health Department, 55 Brown Road, Ithaca, or online www.TompkinsCountyNY.gov/health/T21.

SALE of
cigarettes, cigars, chewing tobacco,
powdered tobacco, shisha
or other tobacco products,
herbal cigarettes, liquid nicotine,
electronic cigarettes, rolling papers
or smoking paraphernalia,
to persons UNDER 21 years of
age is PROHIBITED BY LAW.

Tompkins County Local Law No. b of 2017, Effective 7/1/2017.

NYS Public Health Law, Article 13F

How will the new legal age affect age verification?

Retailers must verify that customers who ask for applicable products are at least 21 years old. If a customer looks like he/she is under 30 years old, retailers should ask for proof of age. Any of these documents constitutes acceptable proof of age:

- A valid photo driver's license or non-driver ID card issued by a state or other U.S. or Canadian government agency. New York State driver's licenses have a new vertical format only for those under 21, clearly stating "Under 21" at the top, making it easier for retailers to identify customers who are younger than 21.
- A valid passport.
- A photo ID issued by the armed forces of the United States.
- ID cards issued by employers, schools or colleges are not acceptable forms of ID.



What are the penalties for a violation?

Any person found to be in violation of this Local Law shall be liable for a civil penalty of no less than \$300 but no more than \$1,000 for a first violation, and no less than \$500 but no more than \$1,500 for each subsequent violation. Violations of this Local Law shall be separate from and, where applicable, in addition to a violation of the Adolescent Tobacco Use Prevention Act (ATUPA).

How will this law be enforced?

It will be enforced by the Tompkins County Health Department. Compliance checks may be conducted by the Environmental Health Division of the Health Department.

What if I have questions or need more information?

Contact the Health Promotion Program of the Tompkins County Health Department at (607) 274-6710. Or visit www.TompkinsCountyNY.gov/health/T21.

May 31, 2017
[TS]



You Must Be 21
to Purchase Tobacco Products,
E-Cigs & Vape Products, or
Smoking Paraphernalia
in Tompkins County.

Sale of cigarettes, cigars, chewing tobacco, powdered tobacco, shisha or other tobacco products, herbal cigarettes, liquid nicotine, electronic cigarettes, rolling papers or smoking paraphernalia to persons under age 21 is prohibited by law.

Tompkins County Local Law No. b of 2017. Effective 7/1/2017.



**Division for Community Health
June 27, 2017 Board of Health Meeting**

**Karen Bishop, Director of Community Health
May Report**

Policies (2) –

Revised Employee Health Policy – tabled from March BOH meeting due to request from board members to edit annual employee health assessment form with less invasive screening questions. Revised form to similar content in Cornell Health employee health form which has been reviewed by Dr. Klepack. Thank you to Ed Koppel for sharing the Cornell form!

HIB Vaccine Policy – this policy has been in place for more than 20 years and was found missing from the policy manual. No electronic version. Rewrote, reviewed by Dr. Klepack and needs BOH approval.

Administration –

- Reviewed and updated all 19 vaccine policies to include applicable NYS Daycare & School Immunization requirements, whether vaccine is available through the NYS Vaccine for Adults Program as well as our Medical Director's license # which is required by NYS Education Department for standing orders.
- Reviewed and updated the Immunization Clinic Procedure to more accurately describe responsibilities of support and nursing staff as well as referencing the eventual implementation of an electronic clinic medical record.
- Met weekly with the WIC Director and biweekly with CHS managers to discuss concerns and to review and reset priority program activities.
- Drafted the Division for Community Health 2018 budget.
- Participated on an internal agency performance review committee to review and develop an agency performance review tool for both non-managerial and managerial staff. The tool measures specific performance competencies. Drafted a scoring scale key for each performance competency which the committee will need to review.
- Attended the Active Shooter training on May 30 and accompanied law enforcement to conduct walk through the first floor work stations. Several safety suggestions were proposed and submitted to Administration.

Statistical Reports –

- Division statistical reports – see attached reports.
- Communicable Disease statistical reports include monthly and year to date.

WIC –

- One Nutritionist completed the lactation counselor certification course. Now all Nutritionists on staff are certified lactation counselors.
- Two additional Breastfeeding Peer Counselors were hired.

- WIC staff attended the New York State WIC Association conference May 22-25 in Rochester, NY. This is a first for both support staff and nutritionists! Staff attendance was staggered in order to continue local WIC clinic operations.
- WIC staff participated in the Ithaca Festival by marching in the parade and staffing a display table promoting the program as well as breastfeeding.
- Applied to participate in the 2017 WIC Learning Community to improve community health outcomes. We are one of 12 WIC programs statewide who were approved to participate! The goals of the learning community are:
 - Analyze local data to identify trends in enrollment and retention
 - Collect and use data to explore wait times, cycle time, walk in, and no show participants
 - Develop strategies to prepare WIC participants for the grocery store experience
 - Define participant-centered services and how they relate to enrollment and retention
 - Utilize local data to develop a strategic outreach plan
 - Identify strategies for gathering authentic feedback from WIC participants about the quality of their experience in WIC

Three to four local WIC staff will participate in face-to-face workshops, webinars and phone interviews over the course of the next year then we are expected to share best practices/lessons learned with other local NYS WIC programs.

- Implementing participant incentives to increase redemption of Farmer's Market checks from 37.4% to 50%. Incentives include reusable kid's farmer's market shopping bags to carry fresh produce home and farmer's market recipe books for healthy recipes. Staff created a Farmers Market scavenger hunt to promote locally grown fresh fruits and vegetables. Completed scavenger hunt forms to be collected through November 30 then several names drawn for prizes.

May 2017 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

Continuing Education-

- Community Health Nurse (CHN) Amy Hopkins attended a conference in Rochester on HIV/HCV on May 12.
- CHS staff participated in a focus group with Family Reading Partnership on May 12 at the Health Department.
- CHN's Deb Axtell, Karen LaCelle, Gail Birnbaum, Rachel Buckwalter, Nanette Scogin and Senior CHN Lori Sibley attended the Finger Lakes Area Immunization Coalition Annual Immunization Conference in Geneva on May 17.
- CHS staff participated in the Active Shooter Training on May 30 at the Health Department.

Lead Poisoning Prevention- (5 cases) Lead nurse Gail Birnbaum is case managing 5 children with elevated Blood Lead Levels. (BLL) The case summaries are as follows:

Cases #1 and 2: 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 5/18/17 was 32.7mcg/dl- next BLL due in July. The three year old's most recent BLL was 21.2mcg/dl on 3/7/17 – repeat BLL due in June.

Plan: Keep cases open to ensure repeat testing done.

Case #3: Ongoing 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. 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 paint hazards were identified throughout the home. Notice of Demand issued to the home owners with specific risk reduction methods outlined. 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. Repeat BLL done 4/14/17 was 13.2mcg/dl, higher than previous level. Custodial parent was contacted by EH staff with instructions to focus on painting surfaces that were identified as lead hazards. EH staff will return for home assessment once complete- repeat BLL due in July. Custodial parents are separating and child will be residing in Cortland County as well as Tompkins County. Lead nurse spoke with Cortland County lead program- Cortland reported that parent will be relocating to a new condo built in 2008 with no lead hazards- Cortland County only investigates when BLL > 15mcg/dl.

Plan: Keep case open to ensure repeat testing done.

Case #4: New case of a one year old with initial BLL of 16.8mcg/dl on 5/1/17. Lead nurse spoke with parent on 5/8/17 and found that the family is currently living in Los Angeles. They recently returned from India where they were living from January 2017 to April 20, 2017. Family will be returning to Tompkins County on July 10 and will plan home visit at that time.

Case #5: New case of a 1 year old with initial BLL 14.7mcg/dl on 4/27/17. Lead nurse and EH staff attempted communication with the mother of the child many times beginning 5/2/17 through 5/18/17. Mother was not receptive to a home visit. A letter was sent to the parents on 5/18/17 explaining that TCHD was required to follow up with a home visit within 30 days of notification of any BLL > 10 mcg/dl. Parents were also sent a lead education packet. Parents did agree to a home visit with nursing, EH and Ecospect on 6/7/17. Home is an older rental home with many lead paint hazards identified. A bite mark was noted on a window sill. Father also reported working with lead fishing equipment. Parents were provided with educational materials; reviewed nutritional ways of reducing lead; explained appropriate cleaning methods; and referred to Healthy Neighborhoods for a HEPA vacuum. Three siblings in the home ranging from age 7-12 years of age were all tested and had BLL's <3 mcg/dl. Repeat BLL due in July.

Plan: Keep case open to assure repeat BLL done.

Communicable Disease-

- **Zika Virus:** From 2016 to present, testing has been authorized for 55 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.
- **Anaplasmosis:** 46 year old male with history of multiple tick attachments with symptoms of fever, myalgia, headache, and stiff neck. No travel history noted. Treated with Doxycycline for 21 days with improvement reported.
- **Meningitis, Aseptic:** 70 year old male with multiple co-morbidities with a 5 day history of headache, fever, stiff neck, nausea and vomiting. Medical provider diagnosed lymphocytic meningitis; the organism could not be identified. Case was discharged to home and is recovering.
- **Syphilis:** During the month of May there were 3 new cases of syphilis:
 - **Primary Syphilis:** 53 year old male presented to provider in September 2016 with unknown symptoms and tested negative for syphilis at that time. From September to present case was prescribed several courses of antibiotics for various complaints. Case developed a penile lesion in April and at that time tested positive for syphilis but had a low RPR titer, possibly due to multiple courses of antibiotics. The case reported many anonymous male partners within the 3 months prior to diagnosis. To date 1 partner in a contiguous county was newly diagnosed positive. The case received prompt appropriate antibiotic treatment.
 - **Secondary Syphilis:** 69 year old male co-infected with Gonorrhea. Case was tested due to long term partner testing positive for a STI. Case was staged as secondary as he reported having a rash. The case and his partner reported multiple anonymous male partners. Due to a PCN allergy, case was treated with an alternate regimen. The partner tested negative for syphilis and was treated per MMWR guidelines.
 - **Late Latent Syphilis:** 53 year old male previously treated for secondary syphilis in 2014. Case reported multiple anonymous male partners. Case reported a long-term partner, who was tested, results were negative and the partner was treated per MMWR guidelines.

The Peace of Mind Community Partnership will be meeting at the end of June to discuss the ongoing rise in STI's in Tompkins County. Representatives from NYSDOH, the local colleges, STAP, PPH, Infectious Disease and TCHD will be present at the meeting. TCHD

STI educational outreach over the last month has included updates to our website, Facebook posts, “Talk Test Treat” and HIV testing radio ads.

- **HIV Testing/Counseling:** During the month of May, CHS offered 12 clinic dates at 3 testing sites (TCHD, Loaves & Fishes and Tompkins County Jail). 11 people were tested and counseled. All were negative.
- **Health Advisories and Informational Messages Blast Faxed to Providers:**
 - Weekly Influenza Surveillance Report
 - Update on Penicillin and Bicillin Shortages
 - Healthcare Providers Guide to Zika Virus Laboratory Results
 - Measles Exposure in the US

Tuberculosis- (active cases)

- **Case #1:** Ongoing case: 61 year old foreign borne female who entered the US in 1994. Case was being worked up for pre-op clearance for surgery by her primary provider and was found to have a positive TST on 1/18/17, a positive T-spot on 1/20/17 and an abnormal chest x-ray on 1/20/17. Referral made to TB consultant. Three sputa specimens were ordered and collected 2/11-2/13/17; results were AFB smear negative; and PCR positive for MTB 2/17/16. 4-drug treatment initiated 2/21/17 with case isolated at home for 2 weeks. Drug sensitivities received in March with case susceptible to 4 drugs. 2-drug treatment 3 times a week began at the end of April. Case is tolerating medications without problem and is receiving DOT 3 times a week. Plan is to complete 6 months of therapy.
- **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. In March case experienced elevated liver enzymes, with minor complaint of nausea. Provider discontinued PZA at this time. Within a few weeks case developed some swelling on the right side of her neck, TB consultant scheduled fine needle aspiration. Specimen sent to Wadsworth lab and was found to be PCR positive for MTB- awaiting culture results. TB consultant adjusted medications to include an increase in Rifampin dose and added Isoniazid to the medication regime. Case is tolerating medication changes without problem and expects to complete 9 months of treatment.
- **Latent TB (LTBI):** There were 7 Tuberculin Screening Tests (TST) placed during the month of May. There were no positive results.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01JUN17
Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=May

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
ANAPLASMOSIS**	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
BABESIOSIS**	0	0.0	0	0.0	1	11.4	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	3	34.3	1	11.4	0	0.0	2	22.9	1	11.4
CRYPTOSPORIDIOSIS**	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN	1	11.4	0	0.0	1	11.4	0	0.0	0	0.0
EHRlichiosis (UNDETERMINED)**	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
GIARDIASIS	0	0.0	3	34.3	1	11.4	1	11.4	2	22.9
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	1	11.4	1	11.4	0	0.0	1	11.4
HEPATITIS B,CHRONIC	2	22.9	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS C,ACUTE	0	0.0	1	11.4	0	0.0	1	11.4	1	11.4
HEPATITIS C,CHRONIC	1	11.4	7	80.1	7	80.1	7	80.1	7	80.1
INFLUENZA A, LAB CONFIRMED	1	11.4	3	34.3	2	22.9	2	22.9	2	22.9
INFLUENZA B, LAB CONFIRMED	6	68.6	26	297.4	7	80.1	6	68.6	13	148.7
LEGIONELLOSIS	1	11.4	1	11.4	0	0.0	1	11.4	1	11.4
LYME DISEASE** *****	2	22.9	1	11.4	2	22.9	1	11.4	1	11.4
MALARIA	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
MENINGITIS, ASEPTIC	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
PERTUSSIS**	0	0.0	0	0.0	1	11.4	1	11.4	1	11.4
SALMONELLOSIS	1	11.4	1	11.4	2	22.9	1	11.4	1	11.4
SHIGELLOSIS	0	0.0	1	11.4	0	0.0	0	0.0	0	0.0
STREP, GROUP A INVASIVE	0	0.0	1	11.4	2	22.9	1	11.4	1	11.4
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	2	22.9	0	0.0	2	22.9	1	11.4
YERSINIOSIS	0	0.0	0	0.0	0	0.0	1	11.4	0	0.0
SYPHILIS TOTAL.....	3	34.3	0	0.0	0	0.0	1	11.4	0	0.0
- P&S SYPHILIS	2	22.9	0	0.0	0	0.0	1	11.4	0	0.0
- LATE LATENT	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	3	34.3	5	57.2	4	45.7	4	45.7	4	45.7
- GONORRHEA	3	34.3	5	57.2	4	45.7	4	45.7	4	45.7
CHLAMYDIA	46	526.1	34	388.8	35	400.3	20	228.7	30	343.1
CHLAMYDIA PID	1	11.4	0	0.0	0	0.0	0	0.0	0	0.0

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

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

***Not official number

**** In 2014, 18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties, and in 2017, 27 counties sampled.

N.Y.S. Department of Health
Division of Epidemiology
Communicable Disease Monthly Report*, DATE: 01JUN17

Through May

Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	1	2.3	0	0.0	0	0.0	0	0.0
ANAPLASMOSIS**	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0
BABESIOSIS**	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	10	22.9	4	9.1	7	16.0	10	22.9	7	16.0
CRYPTOSPORIDIOSIS**	8	18.3	5	11.4	1	2.3	6	13.7	4	9.1
DENGUE FEVER**	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0
ECOLI SHIGA TOXIN	1	2.3	2	4.6	4	9.1	1	2.3	2	4.6
EHRlichiosis (UNDETERMINED)**	2	4.6	0	0.0	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	1	2.3	1	2.3	0	0.0	0	0.0	0	0.0
GIARDIASIS	2	4.6	5	11.4	4	9.1	4	9.1	4	9.1
HAEMOPHILUS INFLUENZAE, NOT TYPE B	0	0.0	2	4.6	2	4.6	0	0.0	1	2.3
HEPATITIS A	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
HEPATITIS B,CHRONIC	6	13.7	5	11.4	0	0.0	1	2.3	2	4.6
HEPATITIS C,ACUTE	1	2.3	1	2.3	1	2.3	3	6.9	2	4.6
HEPATITIS C,CHRONIC	16	36.6	31	70.9	36	82.3	43	98.4	37	84.6
INFLUENZA A, LAB CONFIRMED	388	887.5	330	754.8	288	658.7	169	386.6	262	599.3
INFLUENZA B, LAB CONFIRMED	147	336.2	80	183.0	65	148.7	27	61.8	57	130.4

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
INFLUENZA UNSPECIFIED, LAB CONFIRMED	2	4.6	2	4.6	0	0.0	0	0.0	1	2.3
LEGIONELLOSIS	2	4.6	2	4.6	0	0.0	1	2.3	1	2.3
LYME DISEASE** *****	2	4.6	8	18.3	3	6.9	5	11.4	5	11.4
MALARIA	0	0.0	1	2.3	1	2.3	0	0.0	1	2.3
MENINGITIS, ASEPTIC	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0
PERTUSSIS**	1	2.3	0	0.0	1	2.3	1	2.3	1	2.3
SALMONELLOSIS	1	2.3	4	9.1	7	16.0	4	9.1	5	11.4
SHIGELLOSIS	0	0.0	2	4.6	0	0.0	1	2.3	1	2.3
STREP, GROUP A INVASIVE	1	2.3	2	4.6	2	4.6	2	4.6	2	4.6
STREP, GROUP B INVASIVE	1	2.3	2	4.6	4	9.1	6	13.7	4	9.1
STREP, GROUP B INV, EARLY/LATE ONSET	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
STREP PNEUMONIAE, INVASIVE	4	9.1	6	13.7	2	4.6	3	6.9	4	9.1
TUBERCULOSIS***	1	2.3	0	0.0	1	2.3	2	4.6	1	2.3
VIBRIO - NON 01 CHOLERA	0	0.0	0	0.0	1	2.3	0	0.0	0	0.0
YERSINIOSIS	0	0.0	0	0.0	0	0.0	1	2.3	0	0.0
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	1	2.3	0	0.0	0	0.0	0	0.0
SYPHILIS TOTAL.....	4	9.1	5	11.4	2	4.6	3	6.9	3	6.9
- P&S SYPHILIS	2	4.6	2	4.6	2	4.6	3	6.9	2	4.6
- EARLY LATENT	0	0.0	2	4.6	0	0.0	0	0.0	1	2.3
- LATE LATENT	2	4.6	1	2.3	0	0.0	0	0.0	0	0.0

	2017		2016		2015		2014		Ave (2014-2016)	
Disease	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
GONORRHEA TOTAL.....	31	70.9	20	45.7	31	70.9	11	25.2	21	48.0
- GONORRHEA	31	70.9	20	45.7	31	70.9	11	25.2	21	48.0
CHLAMYDIA	190	434.6	156	356.8	143	327.1	116	265.3	138	315.7
CHLAMYDIA PID	1	2.3	0	0.0	0	0.0	0	0.0	0	0.0

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

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

***Not official number

**** In 2014,18 counties investigated a sample of positive laboratory results; 2015-2016, 25 counties, and in 2017, 27 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	129	113	103	99										
# of Client Admissions	17	25	18	16	12								88	254	295
# of Client Discharges	19	34	26	15	23								117	241	337
Maternal & Infant Clinic Visit**	12	8	16	7	3								46	163	209
Maternal & Infant Home Visit	102	95	110	78	77								462	928	862
Total Home & Clinic Visits	114	103	126	85	80	0	0	0	0	0	0	0	508	1091	1071

On-Call (Weekend) Nursing Visits to Patients															
Maternal & Infant On Call Visits	0	0	0	0	0								0	0	0
Rabies On Call Vaccinations	0	0	0	1	4								5	33	28
TB DOT On Call Visits	0	2	2	0	0								4	4	9
Total # On-Call Visits	0	2	2	1	4	0	0	0	0	0	0	0	9	37	37

Total Home, Clinic, On-Call Visits	114	105	128	86	84	0	0	0	0	0	0	0	517	1128	1161
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Childbirth Education															
# of Childbirth Education Classes	1	0	0	0	0								1	3	10
# of Childbirth Education Moms*	4	0	0	0	0								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
Immunization Program (does not include counts for rabies vaccinations)															
Immunization Clients Served: Children	20	11	10	10	10								61	263	319
Immunization Clients Served: Age19 +	10	7	6	9	12								44	553	205
Total Immunization Clients	30	18	16	19	22	0	0	0	0	0	0	0	105	816	429
Immunizations Administered: Children	33	29	23	20	19								124	496	UA
Immunizations Administered: Age 19 +	10	8	6	17	17								58	578	UA
Total Immunizations Administered	43	37	29	37	36	0	0	0	0	0	0	0	182	1074	761
# of Influenza Immunizations	3	2	0	1	1								7	536	579
# of All Other Immunizations	40	35	29	36	35	0	0	0	0	0	0	0	175	538	UA
Rabies Vaccination Program (Internal data,reporting to NYSIIS may be ongoing)															
Post-Exposure Clients	0	2	1	5	6								14	104	107
Post-Exposure Clinic Vaccinations	0	6	3	12	12								33	228	258
Tuberculosis Program															
Cumulative TB clients	2	3	3	3	3								0	4	2
Active TB Admissions	0	1	0	0	0								1	3	2
Active TB Discharges	0	0	1	1	0								2	2	4
TB Direct Observe Therapy Home Visits	19	39	54	35	33								180	102	274
# of Tuberculosis Screening Tests*	6	12	16	6	7								47	312	283
Anonymous HIV Counseling & Testing Clinics															
# of HIV Clinics - including Walk-Ins	12	7	8	8	12								47	121	109
# of Clients Counseled & Tested	13	2	5	5	11								36	101	91
HIV Positive Eliza & Western Bloc	0	0	0	0	0								0	2	0
Women, Infants, Children Clinic															
Monthly New Enrollments	65	46	46	35	38								230	669	676
Total Participants Served	471	426	481	491	441								2310	6240	6417
Participants w/Active Checks	1274	1252	1214	1179	1183								6102	1289	1338
Total Enrolled (Summary is an Average)	1521	1517	1504	1466	1445								1502	1512	1564
% No-Show	16.2%	17.5%	19.3%	18.8%	18.1%										
% Active Participation	84.9%	83.5%	80.9%	79.3%	78.9%										
% Caseload Target (FY17 Target = 1500)	101.4%	101.1%	100.3%	97.7%	96.3%										

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 May 2017 Report

Staff Activities

Staff Committees

- Mary Ellen Meade attended the Tompkins Community Action Health Advisory Meeting on 5/5/17.

Staff Training

- CSCN Staff attended Active Shooter Training on 5/1/17
- Margaret Taber, Linda Taylor and Barb Wright attended Preschool Medicaid Training in Syracuse on 5/2/17
- Cindy LaLonde attended Supervisory Training on 5/5/17
- Julie and Margo attended Special Education Law Conference on 5/9/17
- Michele Card, Margo Polikoff, Capri Prentice, Diane Olden, Julie Smith and Mary Ellen Meade attended the Feeding and Swallowing Inservice presented by Franziska Racker Centers on 5/10/17
- Pat Washburn, Diane, Capri and Julie attended Autism Conference with Dylan Emmons at Franziska Racker Centers on 5/24/17

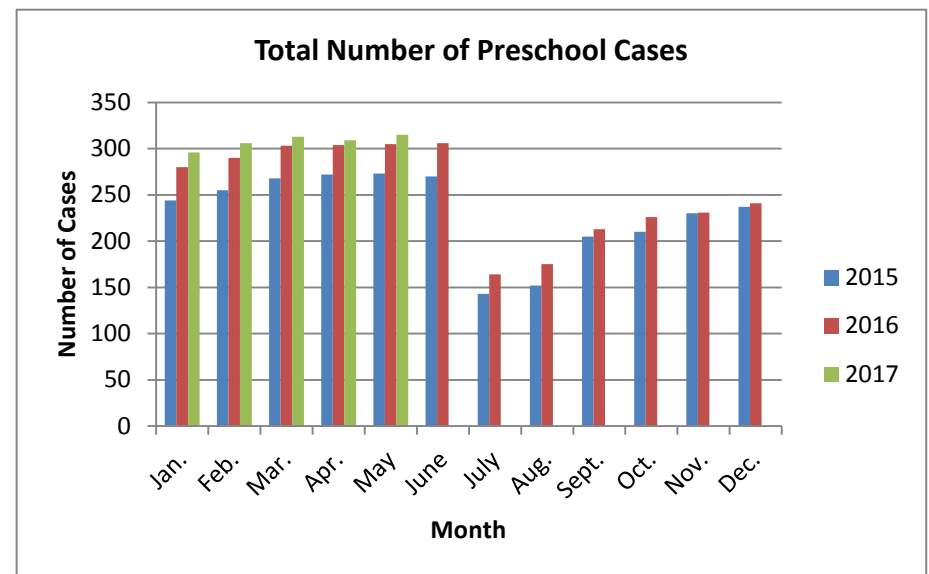
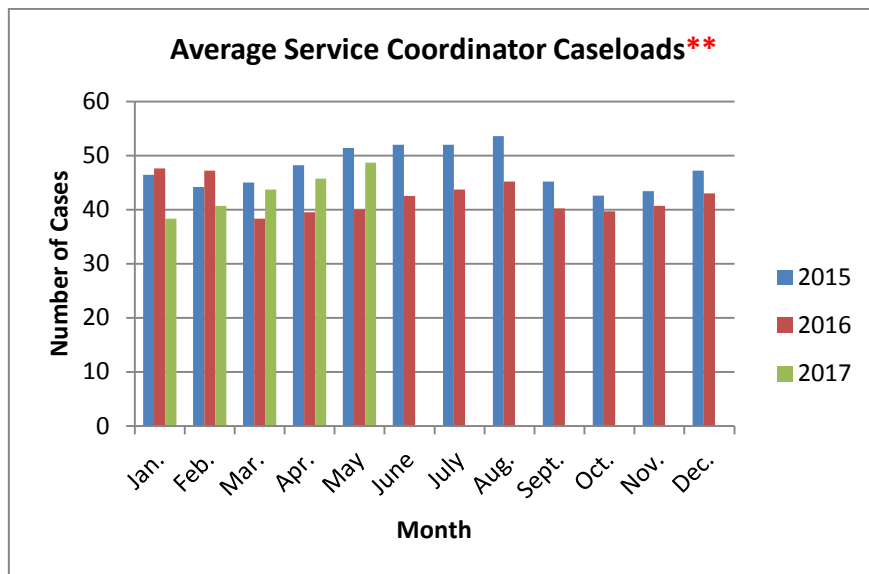
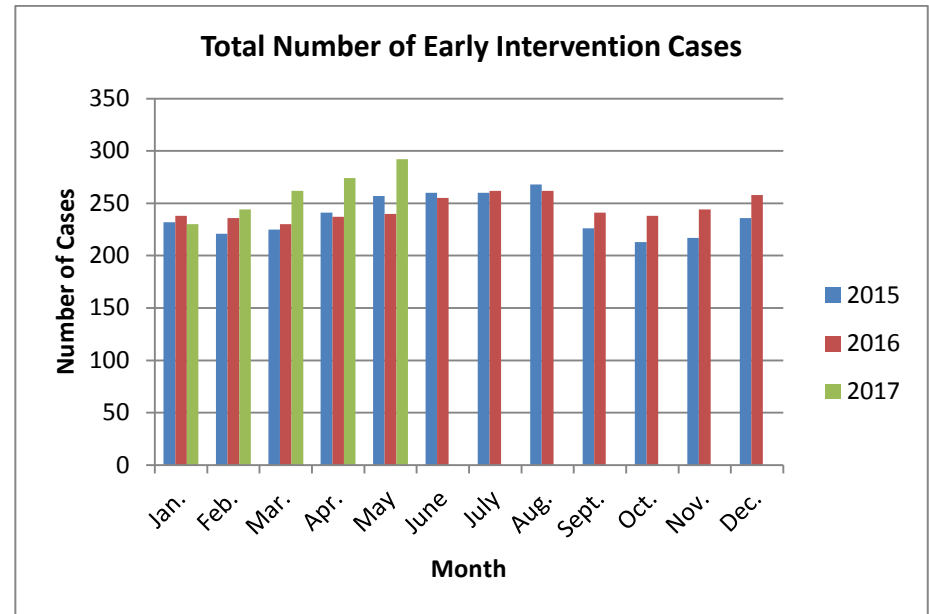
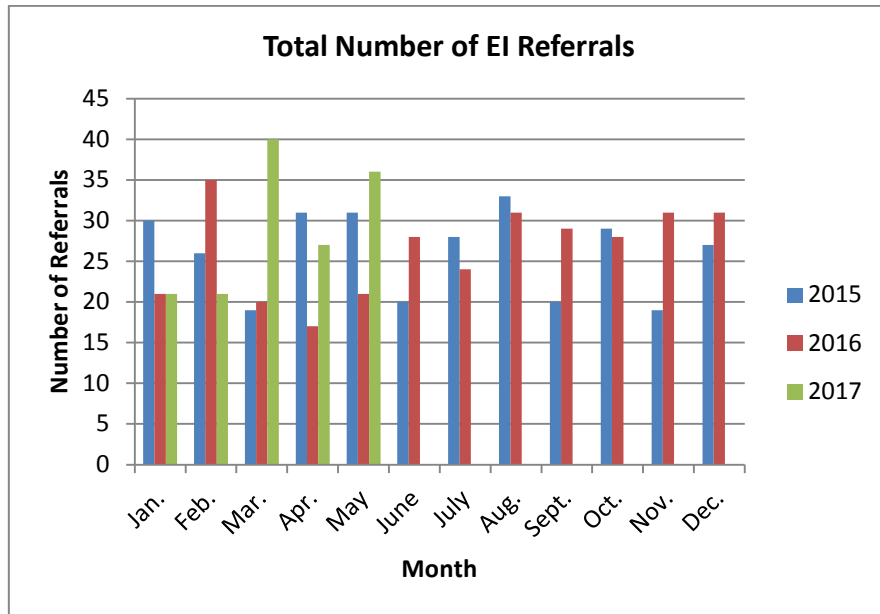
Division Managers

- Cindy LaLonde, Debbie Thomas, and Barb Wright attended an Early Intervention software demonstration presented by iCentral on 5/1/17.
- Cindy and Debbie participated in the BEI Conference Call on 5/2/17
- Debbie and Barb attended Evaluation Group Meeting on 5/12/17
- Barb participated in a webinar regarding Report Types in NYSDOH Database on 5/16/17
- Barb participated in a webinar regarding Code 35 Assignments on 5/17/17

Other

- Margo and Michele attended an Early Intervention software demonstration presented by iCentral on 5/1/17
- Margo and Barb attended the Regional CSHCN/PHCP Meeting in Syracuse on 5/4/17
- Cindy, Debbie and Michele participated in three Community Health Nurse interviews on 5/4/17 and 5/8/17
- Capri participated in a tour at Franziska Racker Centers on 5/8/17
- Capri attended a Feeding Clinic at TCHD on 5/11/17
- Margo attended 'Living with Autism Every Day' at Franziska Racker Centers on 5/24/17

Children with Special Care Needs Statistics Based on Calendar 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		2	4		1								7	18
-- Gestational Age		1	3	2	3								9	10
-- Gestational Age/Gross Motor													0	4
-- Cognitive Delay													1	1
-- Global Delays	1			1	1								3	2
-- Hearing													0	3
-- Physical													0	0
-- Feeding		2	1	2									5	19
-- Feeding & Gross Motor													0	1
-- Feeding & Hearing													0	0
-- Feeding & Social Emotional													0	1
-- Gross Motor	6	2	9	7	10								34	71
-- Gross Motor & Feeding	1												1	4
-- Gross Motor & Fine Motor													0	0
-- Gross Motor & Social Emotional													0	1
-- Fine Motor		1											1	0
-- Fine Motor & Cognitive													0	1
-- Social Emotional		1	1	1									3	8
-- Social Emotional & Adaptive													0	0
-- Speech	10	12	18	9	19								68	130
-- Speech & Adaptive													0	0
-- Speech & Cognitive													0	0
-- Speech & Feeding	1			2									3	4
-- Speech & Fine Motor					1								1	0
-- Speech & Hearing													0	0
-- Speech & Gross Motor	1		1										2	12
-- Speech & Sensory													0	3
-- Speech & Social Emotional	1												1	7
-- Adaptive													0	0
-- Adaptive/Feeding													0	0
-- Adaptive/Sensory				3									3	1
-- Adaptive/Fine Motor					1									
-- Vision													0	0
-- Qualifying Congenital / Medical Diagnosis			3										3	8
-- Child Find (At Risk)													0	7
Total Number of Early Intervention Referrals	21	21	40	27	36	0	0	0	0	0	0	0	145	316

Caseloads														
Total # of clients qualified and receiving svcs	196	219	214	227	245									
Total # of clients pending intake/qualification	34	25	48	47	47									
Total # qualified and pending	230	244	262	274	292	0	0	0	0	0	0	0		
Average # of Cases per Service Coordinator	38.3	40.7	43.7	45.7	48.7	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	36	22	32								128	287
-- IFSP Meetings	43	36	47	44	48								218	474
-- Amendments	15	18	14	15	11								73	162
-- Core Evaluations	24	19	22	19	25								109	241
-- Supplemental Evaluations	13	2	9	10	8								42	68
-- DSS Visit	0	0	0	0	0								0	10
-- EIOD visits	12	4	4	3	1								24	87
-- Observation Visits	37	37	39	60	38								211	422
-- CPSE meetings	9	3	7	11	4								34	81
-- Program Visit	1	1	0	1	2								5	7
-- Family Training/Team Meetings	0	0	0	3	0								3	4
-- Transition meetings	33	7	4	1	5								50	127
-- Safe Care Visits	4	4	11	4	4								27	31
-- Other Visits	5	1	2	0	0								8	15
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	43	36	47	44	48								218	443
# of Amendments to IFSPs Completed	19	23	15	19	22								98	230
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Audiological	1	0	1	0	0									
-- Feeding	1	2	1	0	1									
-- Nutrition	0	0	0	0	0									
-- Occupational Therapy	6	5	11	15	12									
-- Physical Therapy	2	4	2	1	4									
-- Social Work	0	0	0	1	2									
-- Special Education	0	2	3	3	4									
-- Speech Therapy	1	2	7	6	5									
# of Supplemental Evaluations Pending	10	13	8	15	17	0	0	0	0	0	0	0		
Type:														
-- Audiological	4	4	2	4	6									
-- Developmental Pediatrician	0	1	1	1	1									
-- Diagnostic Psychological	0	0	0	0	1									
-- Feeding	2	1	1	2	1									
-- Physical Therapy	0	1	0	1	3									
-- Speech	2	1	2	3	0									
-- Occupational Therapy	2	5	2	3	5									
-- Vision	0	0	0	0	0									
-- Other	0	0	0	1	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	5	16	13	10	0	0	0	0	0	0	0	53	87
Type:														
-- Audiological	1	0	5	3	2								11	21
-- Diagnostic Psychological	0	0	1	0	0								1	1
-- Developmental Pediatrician	0	0	0	0	0								0	1
-- Feeding	2	2	1	1	2								8	7
-- Occupational Therapy	1	1	7	4	0								13	34
-- Physical Therapy	2	0	0	0	1								3	10
-- Speech Therapy	3	2	2	5	5								17	13
-- Vision	0	0	0	0	0								0	0
-- Other	0	0	0	0	0								0	0
Diagnosed Conditions														
Autism Spectrum														
-- Children currently diagnosed:	1	1	1	1	1									
-- Children currently suspect:	14	17	15	20	16									
Children with 'Other' Diagnosis														
-- Agenesis of Pectoral Muscle	1	1	1	1	1									
-- Athrogryposis	0	0	1	1	1									
-- Brain Anomalies	1	1	1	1	1									
-- Capillary Malformation	0	0	0	1	1									
-- Cardiac Anomaly	4	4	3	4	4									
-- Cerebral Palsy (CP)	2	3	2	2	1									
-- Chromosome Abnormality	0	1	1	3	2									
-- Cleft Lip/Palate	5	4	5	4	5									
-- Congenital Anomaly	0	0	2	1	0									
-- Congenital Hypertonia	1	0	0	0	0									
-- Congenital Scoliosis	1	0	1	1	1									
-- Corneal Opacity	1	1	1	1	1									
-- Crouzon Syndrome	1	1	1	1	0									
-- Down Syndrome	6	6	7	7	7									
-- Ectrodactyly	0	0	1	1	0									
-- Epilepsy	1	1	0	0	0									
-- Failure to Thrive	1	1	2	1	2									
-- Feeding Difficulties	21	21	23	18	15									
-- Hearing Loss	4	5	5	2	3									
-- High Lead Level	0	0	1	1	1									
-- Hydronephrosis	2	1	2	2	2									
-- Hypotonia	3	4	7	5	6									
-- Intrauterine Stroke	0	1	1	1	1									
-- Macrocephaly	1	1	2	2	1									
-- Megalencephaly	0	1	1	1	1									
-- Megencephaly Capillary Malformation	1	1	1	1	0									
-- Microcephaly	1		1	1	1									
-- Pierre Robin Syndrome	1	0	0	0	1									
-- Plagiocephaly	6	4	4	6	3									
-- Prematurity	16	19	21	11	10									
-- Reflux	5	0	0	0	0									

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

EARLY INTERVENTION PROGRAM

Diagnosed Conditions (continued)														
-- Spina Bifida	1	1	1	1	1									
-- Subdural Cyst	0	0	0	1	0									
-- Torticollis	8	8	8	7	8									
-- Tongue Tie	0	0	1	0	0									

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2017 Totals	2016 Totals
-- To CPSE	0	0	0	0	0								0	107
-- Aged out	0	0	1	0	0								1	14
-- Declined	4	2	5	4	3								18	31
-- Skilled out	2	0	2	5	3								12	37
-- Moved	2	1	1	1	4								9	24
-- Not Eligible	4	6	3	4	9								26	72
-- Other	3	1	0	2	2								8	26
Total Number of Discharges	15	10	12	16	21	0	0	0	0	0	0	0	74	311
Child Find														
Total # of Referrals	0	1	1	1	1								4	13
Total # of Children in Child Find	3	4	3	4	5									
Total # Transferred to Early Intervention	1	0	1	0	0								2	5
Total # of Discharges	6	0	0	0	0								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	162	165	162	165									
-- Dryden	41	45	47	45	47									
-- Groton	25	27	28	28	29									
-- Homer	1	1	1	1	1									
-- Lansing	22	23	23	24	24									
-- Newfield	32	33	34	34	35									
-- Trumansburg	9	8	8	8	7									
-- Spencer VanEtten	3	3	3	3	3									
-- Newark Valley	0	0	0	0	1									
-- Odessa-Montour	2	2	2	2	2									
-- Candor	1	1	1	1	0									
-- Moravia	1	1	1	1	1									
-- Cortland	0	0	0	0	0									
Total # of Qualified and Receiving Services	296	306	313	309	315	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	186	189	185	189									
-- Speech Therapy (group)	7	7	8	8	9									
-- Occupational Therapy (individual)	70	72	75	74	79									
-- Occupational Therapy (group)	1	2	4	8	8									
-- Physical Therapy (individual)	33	33	37	34	37									
-- Physical Therapy (group)	0	0	1	3	3									
-- Transportation														
-- Birnie Bus	29	29	31	32	32									
-- Ithaca City School District	39	39	38	38	38									
-- Parent	2	2	2	2	2									
-- Service Coordination	34	40	44	40	45									
-- Counseling (individual)	49	51	55	56	60									
-- Counseling (group)	0	0	3	4	4									
-- 1:1 (Tuition Program) Aide	8	8	8	8	8									
-- Special Education Itinerate Teacher	30	29	31	35	37									
-- Parent Counseling	22	24	26	25	27									
-- Program Aide	3	2	2	2	2									
-- Teaching Assistant	4	3	3	3	3									
-- ASL Interpreter	0	0	0	0	0									
-- Audiological Services	2	2	4	3	4									
-- Teacher of the Deaf	2	4	4	4	4									
-- Auditory Verbal Therapy	0	0	0	0	0									
-- Teacher of the Visually Impaired	1	1	0	0	0									
-- Nutrition	5	6	7	6	7									
-- Assistive Technology Services	0	0	0	0	0									
-- Skilled Nursing	0	0	0	0	2									
-- Vision	0	0	1	1	1									
Total # of children rcvg. home based related svcs.	224	234	240	236	242									

**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	40	40	40	40									
-- Cortland	0	0	0	0	0									
-- Dryden	13	13	13	13	13									
-- Groton	5	5	5	5	5									
-- Lansing	5	5	5	5	5									
-- Newfield	7	8	9	9	9									
-- Trumansburg	0	0	0	0	0									
-- Odessa-Montour	0	0	0	0	0									
-- Spencer VanEtten	0	0	0	0	0									
-- Moravia	1	1	1	1	1									
-- # attending Franziska Racker Centers	42	42	43	43	43									
-- # attending Ithaca City School District	30	30	30	30	30									
Total # attending Special Ed Integrated Tuition Progr.	72	72	73	73	73	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	0	31	20									68	12
-- Candor	0	0	0	1									1	0
-- Dryden	6	4	5	3									18	7
-- Groton	2	0	0	0									2	1
-- Lansing	1	0	2	2									5	0
-- Newark Valley	0	0	0	0									0	0
-- Newfield	0	1	1	4									6	8
-- Odessa	0	0	0	0									0	0
--Trumansburg	0	0	0	0									0	0

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

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

ENVIRONMENTAL HEALTH HIGHLIGHTS May 2017

Outreach and Division News

Owasco Watershed Enforcement Coordination Workshop: On May 19, Adriel Shea and Liz Cameron attended the Owasco Watershed Enforcement Coordination Workshop hosted by the New York State Department of Environmental Conservation (NYSDEC) in Syracuse. The informal workshop included presentations by NYSDEC on their water quality regulations, enforcement and inspection process, and case studies. The Cayuga County Health Department also presented an overview of the Owasco Watershed Regulations and their enforcement process. The workshop was prompted in part by the manure release in Cayuga County in March.

CEHD Spring Meeting: On May 9 and 10, Skip Parr and Liz Cameron attended the Conference of Environmental Health Directors Spring Meeting at cold and snowy Minnowbrook Conference at Blue Mountain Lake. Presenters discussed PFOA Contamination in Rensselaer County, Cooling Tower Inspections in NYC, NYSDEC CAFO Permit Regulations, NEHA membership, Accreditation, Zika, Lyme and other vector borne diseases, the Model Aquatic Health Code, and updates from NYSDOH.

Borger Gas Compression Station Public Meeting: On May 1, Liz Cameron attended a public meeting at the Varna Community Center concerning the Dominion New Market Project and specifically the changes connected with the Borger Gas Compression Station in Ellis Hollow. Representatives from Dominion Energy presented information and attempted to answer questions during the emotionally charged meeting. Concerns included questioning the need for the project, requests to minimize noise during construction, appeals to install oxidation catalysts on the compressors, and other environmental and health-related questions and comments.

Accela: On May 22, Greg Potter and Katy Prince from ITS and Brenda Coyle and Liz Cameron from EH met with representatives of [s]Cubed Inc. [s]Cubed is a consulting firm with solid experience with Accela. They may be able to assist us with cleaning up some current Accela issues and enhancing our public portal (Accela Citizen Access).

EH Personnel: Welcome to Rebecca Sims. Becky started work as a Sanitarian on May 22, working in the Onsite Wastewater Treatment System (OWTS) program. She will also work in other program areas once the OWTS training is completed. We surprised Becky by sending her in the field with another OWTS inspector on her first day and she has kept us on our toes with questions in the field and concerning our Sanitary Code.

Cindy Schulte's last day with Environmental Health was May 26. We all wish Cindy well in her new adventures.

Skip Parr is the EH representative on the PH Evaluation Tool Workgroup.

René Borgella and Chris Laverack are joint EH representatives on the PH Vehicle Committee.

Training: On May 1, Cynthia Mosher and Skip Parr provided training to EH staff on setting up Rabies Vaccination Clinics now that we use the State's electronic CDMS system for issuing the rabies certificates and scheduling vaccination times.

On May 18, 2017, Liz Cameron attended the Residential Building Code of New York all day training in Syracuse. The main focus of the training was changes to the building code that became effective in NYS in October 2016.

René Borgella attended New Employee Health & Safety Orientation with Laura Schneider on May 4.

Rabies Control Program

There were no confirmed cases of rabies in Tompkins County during May 2017. However, a person was bitten by a raccoon but the animal was not able to be captured for testing so the victim required treatment. In addition, a cat that had only received one vaccination early in life was euthanized after it was attacked by a raccoon. Due to the length of time the vaccination was lapsed, the care the injuries required and the risk of rabies transmission to those caring for the cat it was determined that euthanasia was the humane decision. Had the cat been up to date on vaccinations, a booster vaccination would have protected the cat and minimized risk to caregivers.

Spring Rabies Clinics were held in May in the Towns of Lansing, Danby, Dryden, Enfield and Ithaca. 523 dogs, cats, and ferrets were vaccinated at these clinics, an increase of 101 pets from last spring. Online pre-registration was available for these clinics, with an average of 1/3 of attendees per clinic using this option.

The rabies program has been utilizing the new Facebook platform to provide the public with rabies-related information.

Key Data Overview				
	This Month	YTD 2017	YTD 2016	TOTAL 2016
Bites¹	25	104	84	230
Non Bites²	13	31	8	144
Referrals to Other Counties	2	10	16	46
Submissions to the NYS Rabies Lab	16	57	46	195
Human Post-Exposure Treatments	5	18	4	85
Unvaccinated Pets Quarantined³	0	0	1	4
Unvaccinated Pets Destroyed⁴	1	1	5	10
Rabid Animals (Lab Confirmed)	0	1	3	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	8	40	23	84	0	0	0	9	0	0	0	1
Dog	16	61	55	133	0	0	0	3	0	0	0	0
Cattle	0	0	0	0	0	2	2	2	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
Other Domestic	0	0	1	1	0	0	0	0	0	0	0	0
Raccoon	1	2	1	3	0	0	0	2	1	1	1	3
Bats	0	0	0	1	6	3	9	23	0	0	0	7
Skunks	0	0	0	2	0	0	0	0	0	0	1	0
Foxes	0	1	0	0	0	0	0	1	0	0	0	1
Other Wild	0	0	4	6	0	5	5	17	0	0	0	1
Totals	25	104	84	230	6	10	16	57	0	1	3	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:

15 Below Ice Cream, C-Ithaca	Lakebreeze Ice Cream, T-Lansing
Arby's #866, V-Lansing	Level B, C-Ithaca
At the Ridge, T-Lansing	Littletree Orchards, Throughout Tompkins
Auntie Anne's Pretzels, V-Lansing	Macro Mamas, Throughout Tompkins
Bandwagon Brewpub, C-Ithaca	Mia Restaurant, C-Ithaca
Biz & Benny, C-Ithaca	Osakaya Catering, Throughout Tompkins
Chanticleer, C-Ithaca	Panda Tea Lounge, C-Ithaca
Cinemapolis, C-Ithaca	Regal Cinema 14, V-Lansing
Creekside Café, C-Ithaca	The Rhine House, C-Ithaca
Crossroads Bar & Grille, T-Lansing	Roman Village, T-Groton
CU-Flora Rose Dining, C-Ithaca	Ron Don's Village Pub, V-Trumansburg
CU-Robert Purcell Dining Mobile Unit, C-Ithaca	S&F Ithaca, C-Ithaca
Dunkin Donuts – Collegetown, C-Ithaca	Scoops, T-Lansing
Flynn's Roadhouse Café, T-Lansing	The Shop, C-Ithaca
Gimme! Coffee, V-Trumansburg	Silo Food Truck, Throughout Tompkins
Gimme! Coffee Espresso Bar-CU, C-Ithaca	Simeon's on the Commons, C-Ithaca
Green Street Pharmacy, C-Ithaca	Snow Farm Creamery, Throughout Tompkins
Hideaway, C-Ithaca	Solaz, Throughout Tompkins
How Sweet it is Dessert Café, V-Trumansburg	Starbucks Coffee Company #10395, C-Ithaca
ICSD-Art's Café, C-Ithaca	Starbucks Coffee Company #11932, C-Ithaca
Ice Cream Caboose, V-Groton	State Diner, C-Ithaca
Insomnia Cookies, C-Ithaca	Subway Collegetown, C-Ithaca
Ithaca Bakery, V-Lansing	Sweet Melissa's Ice Cream Shop, C-Ithaca
Ithaca Press, C-Ithaca	Toads Too, V-Freeville
Jump Around Inflatables, T-Lansing	Word of Mouth Catering, V-Trumansburg
K-House Karaoke Lounge & Suites, V-Lansing	

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:

Applebee's Neighborhood Bar & Grill, V-Lansing	Hazelnut Kitchen, V-Trumansburg
Collegetown Bagels – Aurora St., C-Ithaca	Istanbul Turkish Kitchen, C-Ithaca
Easy Wok, V-Lansing	Lincoln Street Diner, C-Ithaca
Just A Taste Wine & Tapas Bar, C-Ithaca	Mitsuba Hibachi, V-Lansing

New York Garden, V-Groton
Papa John's, C-Ithaca
Plum Tree Japanese Restaurant, C-Ithaca

Seneca Place/Kilpatrick's, C-Ithaca
Wings Over Ithaca, C-Ithaca

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

Critical Violations were found at the following establishments:

Tamarind, C-Ithaca

Potentially hazardous foods were not cooled by an approved method. Product in a food preparation area was observed to be at 88-90°F. The product had recently been cooked and was moved to the walk-in to be rapidly cooled to 45°F or less before use.

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 50-56°F. The products were either discarded or moved to functioning refrigeration equipment during the inspection.

BOCES – Darwin C. Smith, T-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 50-55°F. The product was removed from service and rapidly cooled to 45°F or less before use.

New Dragon Village, V-Trumansburg

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

Potentially hazardous foods were not stored under refrigeration. Products on a counter were observed at 90-98°F and 105°F. The products were moved to refrigerated storage to be rapidly chilled to 45°F or less.

Akashi, V-Lansing

Food workers did not wash hands thoroughly after contaminating them. Proper methods were discussed and implemented during the inspection.

Potentially hazardous foods were not stored under refrigeration. Product stored in a container was observed to be at 120°F. The product was discarded during the inspection.

Pokeland I, C-Ithaca

Potentially hazardous foods were not stored under refrigeration. Product on a counter was observed to be at 48°F. The product was discarded during the inspection.

Gimme! Coffee-State Street, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 50-52°F. The product was discarded during the inspection.

Sri Lankan Curry in a Hurry, Throughout Tompkins

Enough hot holding equipment was not operated to keep hot foods above 140°F. Product in hot holding was observed to be at 112°F. The food was reheated to 165°F or higher before use.

Gangnam Station, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Products in a refrigerated storage unit were observed to be at 53°F and 54°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not cooled by an approved method. Products being cooled in an unapproved manner were observed to be at 60-61°F and 58°F. The products were moved to refrigerated storage in an approved cooling procedure.

Potentially hazardous foods were not stored under refrigeration. Product stored in a container on a counter was observed to be at 52°F. The product was discarded during the inspection.

ZaZa's Cucina, C-Ithaca

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were stored below 45°F. Products in a cooler were observed to be at 49-54°F. The products were either discarded or moved to functioning refrigeration equipment during the inspection. This was a re-inspection, Board of Health action will follow.

Due Amici, C-Ithaca

Canned foods were found in poor condition (severely dented). Product was removed from storage area and marked to be returned to the distributor.

Ko Ko, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a refrigerated storage unit was observed to be at 52°F. The product was removed from service and rapidly chilled to 45°F or less before use. This was a re-inspection, Board of Health action will follow.

Thai Palace, Throughout Tompkins

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Products in storage containers were observed to be at 117°F and 47-48°F. The establishment has waivers for both items but was not complying with the waiver requirements.

Potala Café, C-Ithaca

Potentially hazardous foods were not cooled by an approved method. Product in a cooler was observed to be at 87°F. The product had been cooked that morning and placed in the cooler. The product was discarded during the inspection.

Yum Yum Korea, Throughout Tompkins

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cooler was observed to be at 47-50°F. The product was rapidly chilled to 45°F or less during the inspection.

Madeline's Restaurant, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 50-54°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Corelife Eatery, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 48-50°F. The product was moved to the walk-in cooler and rapidly chilled to 45°F or less before use.

Potentially hazardous foods were not kept at or above 140°F during hot holding. Product in a hot holding unit was observed to be at 132°F. The product was removed from service and rapidly reheated to 165°F before return to service.

Shortstop Deli, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 50°F. The product was removed from service and rapidly chilled to 45°F or less before use.

Yum Yum Korea, Throughout Tompkins

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cooler was observed to be at 46-50°F. The product was rapidly chilled to 45°F or less before use.

Thai Palace, Throughout Tompkins

Potentially hazardous foods were not stored under refrigeration. Products in two coolers were observed to be at 117°F and 47°F. The facility has a waiver to use time a public health control for the two products but was not maintaining temperature logs.

Potala Café, C-Ithaca

Potentially hazardous foods were not cooled by an approved method. Product in a cooler was observed to be at 87°F. The product was discarded during the inspection.

Walmart Subway #35087, C-Ithaca

Food workers do not wash hands thoroughly. A food worker was observed to be changing gloves without first washing hands, the gloves were used to work on different types of products.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F during cold holding. Products in a cold storage unit were observed to be at 49-50°F. The products were removed from service and rapidly chilled to 45°F or less before use.

Dryden Queen Diner, V-Dryden

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

Rose's Home Dish, Throughout Tompkins

Potentially hazardous foods were not cooled by an approved method. Product on a rack in the kitchen was observed to be at 116-119°F. The product had been cooked less than two hours prior to the inspection. The product was moved to the walk-in cooler to be rapidly cooled to 45°F or less using approved methods.

Taste of Thai, C-Ithaca

Potentially hazardous foods were not stored under refrigeration except during necessary preparation. Product in containers in the kitchen was observed to be at 68°F. The product was rapidly chilled to 45°F or less before use.

Taste of Thai Express, C-Ithaca

Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a cold holding unit was observed to be at 52-58°F. The product was discarded during the inspection.

Potentially hazardous foods were not stored under refrigeration. Products in containers on the counter were observed to be at 52-57°F. The products were removed from service and rapidly chilled to 45°F or below.

Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept at 45°F or less during cold holding. Product in a refrigerated storage unit was observed to be at 52-56°F. The products were discarded during the inspection.

Temporary Food Service Operation Permits are issued for single events at one location. The Food Protection Program issued 33 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:

Cornell Hindu Student Council – Holi, C-Ithaca

Cornell Minds Matter – People of Color: A Photography Gala, C-Ithaca

Dusenberry Sportsmens Club Chicken BBQ, C-Ithaca

Enfield Community Council County Faire, T-Enfield
Tetra Tech Architects & Engineers Bike to Work Day, C-Ithaca
Ithaca Lions Club Chicken Barbecue, C-Ithaca
Lehman Alternative Community School Canoe Group, C-Ithaca
Phi Sigma Pi National Honors Fraternity Multicultural Night, C-Ithaca
The Piggery BBQ, C-Ithaca
Shaniibaby's BBQ, T-Lansing
Smokey Legend Gourmet Barbecue-Martha Rhinehart Fundraiser, T-Dryden

Critical Violations were found at the following establishments:

Trumansburg All Sports Boosters – Mayday 5K BBQ, V-Trumansburg

Potentially hazardous foods were at an improper temperature. Product for service was observed to be at 135°F.
Product was discarded.

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:

Luna Street Food Downtown, C-Ithaca
Macro Mamas, Throughout Tompkins

Plans Approved:

There were no new plans approved this month.

New Permits Issued:

The Doghouse, Throughout Tompkins
K.A.S.H. – Throughout Tompkins
NJA'Z Hot Dog Cart, Throughout Tompkins
Annie Mae's, Throughout Tompkins
Mother India, Throughout Tompkins
Pokeland I, C-Ithaca
Taughannock Concessions, T-Ulysses

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

Engineering Plans Approved

- 300 Pleasant View Drive, 330 gpd sewage system, Newfield-T

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

Problem Alerts/Emergency Responses

A boil water notice was issued at Blue Water Apartments in the Village of Freeville on April 3, 2017, following notification of a positive total coliform sample. In addition, the facility was experiencing problems with its chlorination system. The boil water notice was released on April 25, 2017, after a consistent chlorine residual was established and a satisfactory total coliform sample was collected.

On May 28, a boil water order was issued to Longhouse Co-op (T-Ithaca) due to a mechanical issue with the disinfection equipment. The equipment has been repaired and the boil water order will be released when a satisfactory bacteriological sample result is received by TCHD.

On May 30, 2017, at Shady Grove Mobile Home Park (T-Dryden), a meter box cover was found unsecured leaving live wires exposed by TCHD. TCHD staff secured and contacted the park owner of the hazard. An electrician properly secured the box and disconnected the service on May 31.

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	0	1	0	2
B: Total Environmental Inspections:				
B1: Due to A1	0	0	0	3
B2: Due to A2	0	1	0	2
C: Hazards Found:				
C1: Due to B1	0	0	0	1
C2: Due to B2	0	1	0	2
D: Abatelements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	0	1	0	5
F: Interim Controls Completed:	0	0	0	0
G: Complaints/Service Requests (w/o medical referral):	8	26	76	122
H: Samples Collected for Lab Analysis:				
- Paint	0	1	1	2
- Drinking Water	0	0	0	1
- Soil	0	0	1	3
- XRF	0	1	1	4
- Dust Wipes	0	2	2	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
5/23/17	Hope's Events and Catering	Hope Rich	Food Service Establishment - Operating without a Permit	\$400	Penalty Payment due 7/14/17.	Monitoring Compliance
5/23/17	Autie Anne's Pretzels	Dondi Craft	Food Service Establishment - Operating without a Permit	\$400	Penalty Payment due 7/14/17.	Monitoring Compliance
4/25/17	Apollo Restaurant	Gegerzeren Nfn	Violation of Board of Health Orders	\$800 (Paid)	Food safety certifications due 7/28/17.	Monitoring Compliance
2/28/17	Casper's	Kevin Griffin	Food Service Establishment - Operating without a Permit	\$400	Penalty Payment due 4/14/17.	Referred to Collection
10/25/16	City of Ithaca WTP	City of Ithaca	Public Water System Violations – Maximum Contaminant Level exceedances	\$500 (Paid)	Ongoing sampling requirements.	Monitoring Compliance
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	Complete New TC3 and Ferguson Road Water Storage Tanks by 9/1/17.	Monitoring Compliance

ENVIRONMENTAL HEALTH DIVISION
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CERTIFIED, REGULAR, & ELECTRONIC MAIL

May 23, 2017

Manny Dong
MJD Good Neighbors, LLC
102 Pinewood Place
Ithaca, NY 14850

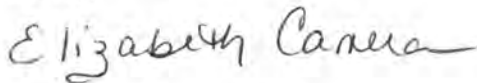
**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0013
Congers Mobile Home Park, T-Dryden**

Dear Mr. Dong:

Thank you for signing the Stipulation Agreement on May 19, 2017, for Congers Mobile Home Park.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 27, 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, Stipulation Agreement and Orders, Case Summary and Email dated 5/14/17

pc: F:\EH\MOBILE HOME PARKS (MHP)\Facilities (MHP-4)\Congers\Enforcement\2017\Draft Resolution 17-0013 .docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Dryden; Supervisor T-Dryden; Martha Roberson, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of
Environmental Health; Frank Kruppa, Public Health Director; Adriel Shea; Joel Scogin; Skip Parr; Brenda Coyle
scan: Signed copy to Accela

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DRAFT RESOLUTION # EH-ENF-17-0013 FOR

**Congers Mobile Home Park
MJD Good Neighbors, LLC. / Manny Dong, Owner/Operator
87 Kirk Road, T-Dryden
Dryden, NY 13068**

Whereas, the owner/operator of a Mobile Home Park must comply with the regulations established under Subpart 14-1 of the New York State Sanitary Code (NYSSC) and Article VI, Section 6.02c of Tompkins County Sanitary Code (TCSC); **and**

Whereas, these regulations require a Mobile Home Park operator to ensure that sewage facilities are maintained in good working order and in accordance with appropriate standards and are operated to minimize safety risks; **and**

Whereas, on May 1, 2017, Tompkins County Health Department staff observed two unsupervised, unsecured septic tank covers at Congers Mobile Home Park; **and**

Whereas, Manny Dong, Operator, signed a Stipulation Agreement with Public Health Director's Orders on May 19, 2017, agreeing that Congers Mobile Home Park violated these provisions of the New York State Sanitary Code and Tompkins County Sanitary Code; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Manny Dong, Operator, is ordered to:**

1. Pay a penalty of \$800 for these violations, **due by August 15, 2017. (Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **and**
2. Maintain all septic tank covers throughout the mobile home park so that when a cover is at or above the ground surface it is locked to prevent tampering. In the event that a septic tank cover needs to be removed for maintenance or any other reason, the septic tank must be supervised by a responsible adult at all times until the cover is properly secured again; **and**
3. Ensure a park representative inspects septic tank covers following a septic tank pump out or after any other maintenance work is performed by outside contractors.

ENVIRONMENTAL HEALTH DIVISION
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STIPULATION AGREEMENT AND ORDERS # EH-ENF-17-0013

Congers Mobile Home Park
MJD Good Neighbors, LLC./ Manny Dong, Owner/Operator
87 Kirk Road, T-Dryden
Dryden, NY 13068

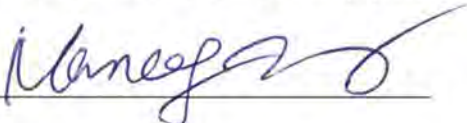
I, Manny Dong, as a representative for Congers Mobile Home Park, agree that on May 1, 2017, I was in violation of Article VI, Section 6.02c of Tompkins County Sanitary Code (TCSC) and Part 17 of New York State Sanitary Code for failure to minimize safety risks associated with the presence of unsupervised, unsecured septic tank covers at Congers Mobile Home Park.

I agree to pay a penalty not to exceed \$800 for these violations following adoption of a resolution by the Board of Health. (**Do not** submit penalty payment until notified by the Tompkins County Health Department.)



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

1. Maintain all septic tank covers throughout the mobile home park so that when a cover is at or above the ground surface it is locked to prevent tampering. In the event that a septic tank cover needs to be removed for maintenance or any other reason, the septic tank must be supervised by a responsible adult at all times until the cover is properly secured again; **and**
2. A park representative must inspect septic tank covers following a septic tank pump out or after any other maintenance work is performed by outside contractors.

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

Signed:  Date: 5/19/2017

Manny Dong is hereby ordered to comply with these Orders of the Public Health Director.

Signed:  Date: 5/19/17
 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-17-0013

**Congers Mobile Home Park
MJD Good Neighbors, LLC. / Manny Dong, Owner/Operator
87 Kirk Road, T-Dryden
Dryden, NY 13068**

Compiled May 2017

Date	Action
5/19/17	Operators of Congers met with TCHD staff to discuss stipulation agreement and preventative action steps to prevent reoccurrence. Stipulation agreement signed by Manny Dong.
5/14/17	Email from Manny Dong received by TCHD acknowledging stipulation agreement and agrees to comply.
5/5/17	TCHD sends stipulation agreement to Congers MHP and schedules office conference for May 19, 2017.
5/1/17	11:45 am: TCHD staff observes Congers Mobile Home Park maintenance staff secure the plastic septic tank lids at lot #17 Bills Way and lot #28 Bills Way. TCHD staff spoke with the complainant who is the father of the 13 year old that fell into the septic tank. The complainant said his son was bruised from the incident and had fallen into the liquid and solids in the septic tank to mid chest level.
	11:25 am: TCHD staff located the Congers Mobile Park maintenance personal and told him that the plastic lids to the septic tanks located at lot #17 and lot #28 Bills Way needed to be screwed down to make the lids secure.
	11:20 am: TCHD staff contacted Manny Dong (Congers MHP operator) by phone to inform him that TCHD had received a complaint that a 13 year old boy had stepped on an unsecured septic tank lid at lot #17 Bills Way and had fallen into the septic tank on 4/29/2017. TCHD staff informed Mr. Dong that the septic tank cover must be immediately secured to eliminate the hazard. Mr.Dong contacted the park's maintenance person.
	11:00 am: TCHD staff met with Town of Dryden staff at Congers MHP. Two unsecured septic tank lids were located at lots #17 and #28 Bills Way.
	10:30 am: TCHD staff receives a phone call from the Town of Dryden Planning Department regarding a complaint that a 13 year old boy had fallen into a septic tank at lot #17 Bills Way in Congers Mobile Park on 4/29/2017. The Dryden Planning Department staff said that the complainant had indicated that there was another unsecured septic tank lid at #28 Bills Way.

From: Manny Dong <mannydong254@gmail.com>
Sent: Sunday, May 14, 2017 11:51 PM
To: Brenda Coyle
Cc: Joy Foster; supervisor@dryden.ny.us; Martha Robertson; Elizabeth Cameron; Frank Kruppa; Adriel Shea; Joel Scogin; Skip Parr
Subject: Re: Stipulation Agreement - Congers Mobile Home Park

Dear Director Cameron and All,

I received your letter, certified letter and email of Stipulation Agreement and Orders # EH-ENF-17-0013, Failure to Operate Sewage System to Minimize Safety Risks, Congers Mobile Home Park.

I am very thankful that the health department staff, after receiving the report, came to the park to investigate, discover the unsecured septic tanks located at 17 and 28 Bills way, and contacted me to have the park maintenance personal screwed down the plastic septic tank lids to make them secure. This incident is an alarm to me. I not only agree to comply orders listed on the Stipulation Agreement but also plan to inspect septic covers periodically to prevent and minimize safety risks. I want and will do my best to provide residents and tenants at Congers with a safe, peaceful and enjoyable environment.

Although I agree with the stipulation I plan come to the conference as scheduled at 9:30am, May 19, 2017 and believe the discussion will be beneficial to me.

Thank you all for the supervision and help.

Best Regards,

Manny Dong

On Thu, May 11, 2017 at 9:22 AM, Brenda Coyle <bcogle@tompkins-co.org> wrote:

Attached for your records is the Stipulation Agreement for Congers Mobile Home Park, (T) Dryden - Failure to Operate Sewage System to Minimize Safety Risks.

It has been scanned and mailed. The file copy is in the certified mail file.

Brenda Coyle

Administrative Assistant IV

Tompkins County Health Dept.

Environmental Health Division

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

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

CERTIFIED, REGULAR, & ELECTRONIC MAIL

June 15, 2017

Sook Ja Seo
Ko Ko College Restaurant Inc
700 Warren Rd #22-2A
Ithaca, NY 14850

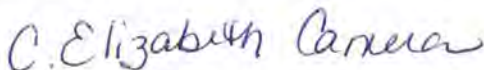
**Re: Tompkins County Board of Health Draft Resolution # EH-ENF-17-0016
Ko Ko, Food Service Establishment, C-Ithaca**

Dear Sook Ja Seo:

Thank you for signing the Stipulation Agreement on June 13, 2017, for the Ko Ko's.

Enclosed is a copy of the Draft Resolution that the Tompkins County Board of Health will consider at its meeting on **June 27, 2017**. You indicated during the office conference that you wish to speak to the Board. Interpretation services will be made available through Language Line as it was during the office conference. Please arrive by 12:00 p.m. (noon).

Sincerely,



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

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

pc: F:\EH\FOOD (SF)\FSE (SF)\Facilities (SF-4)\Ko Ko\Draft Resolution 17-0016.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
Mike Niechwiadowicz, Ithaca Building Department; Mayor Svante Myrick; Richard John, 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-17-0016 FOR

**Ko Ko
Sook Ja Seo/Ko Ko College Restaurant Inc, Operator/Owner
321 College Ave.
Ithaca, NY 14850**

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

Whereas, on April 21, 2017, the Tompkins County Health Department observed critical violations which included failure to maintain potentially hazardous food at or below 45 °F. Approximately one quart of seafood and a half of quart of chicken were observed at 52°F; **and**

Whereas, on May 17, 2017, the Tompkins County Health Department observed critical violations which included failure to maintain potentially hazardous food at or below 45 °F. Three salmon fillets were observed at 52.5°F; **and**

Whereas, Sook Ja Seo, Operator, signed a Stipulation Agreement with Public Health Director's Orders on June 13, 2017, agreeing that Ko Ko 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 Sook Ja Seo, Operator, is ordered to:**

1. Pay a penalty of \$400 for these violations, due August 15, 2017 (**Do Not** submit penalty payment until notified by the Tompkins County Health Department.); **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.



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-17-0016

**Ko Ko
Sook Ja Seo/Ko Ko College Restaurant Inc, Operator/Owner
321 College Ave.
Ithaca, NY 14850**

I, Sook Ja Seo, as a representative for Ko Ko, agree that on April 21, 2017, and May 17, 2017, I was in violation of Subpart 14-1 of New York State Sanitary Code for failure to maintain potentially hazardous food at or below 45°F during cold holding.

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

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

1. 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**
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: [Signature] Date: 6.13.17

Sook Ja Seo is hereby ordered to comply with these Orders of the Public Health Director.

Signed: [Signature] Date: 6/13/17
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-17-0016

**Ko Ko
Ko Ko College Restaurant Inc, Operator
321 College Ave.
Ithaca, NY 14850**

June 2017

Date	Action
6/13/2017	Office conference held. Enforcement procedures were explained to owners of Ko Ko's by TCHD utilizing Language Line. Owner signed stipulation agreement.
6/1/2017	Permit issued to New Ko Ko Restaurant under new ownership. However, current owners are continuing existing operation of lease issue between prospective owners and landlord.
05/17/2017	Re-inspection by TCHD. Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a sandwich preparation unit was observed to be at 52°F.
04/21/2017	Inspection by TCHD. Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a sandwich preparation unit was observed to be at 52°F. Potentially hazardous foods were not stored under refrigeration. Product in a metal container on the counter was observed to be at 57°F.
11/14/2016	Inspection by TCHD. No violations were noted.
08/02/2016	Re-inspection by TCHD. Violations: Enough refrigerated storage equipment was not maintained so that potentially hazardous foods were kept below 45°F. Products in a sandwich preparation unit were observed to be from 49-54°F.
06/29/2016	Inspection by TCHD. Violations: Potentially hazardous foods were not kept at or below 45°F during cold holding. Product in a sandwich preparation unit was observed to be at 51-53°F. All other products in the unit were below 45°F.
11/18/2015	Inspection by TCHD. No violations were noted.
06/05/2015	Re-inspection by TCHD. The violation cited on 05/06/2015 was corrected. No violations were noted.
05/06/2015	Inspection by TCHD. Violations: 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 52-57°F.
11/21/2014	Inspection by TCHD. No violations were noted.
08/13/2014	Inspection by TCHD. No violations were noted.
12/06/2013	Inspection by TCHD. No violations were noted.
07/18/2013	Re-inspection by TCHD. The violation cited on 6/26/13 was corrected. No violations were noted.
06/26/2013	Inspection by TCHD. Violations: 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 50-56°F.
11/16/2012	Inspection by TCHD. No violations were noted.
05/31/2012	Re-inspection by TCHD. The violation cited on 5/10/12 was corrected. No violations were noted.
05/10/2012	Inspection by TCHD. Violations: Potentially hazardous foods were not cooled by an approved method.
08/06/2008	Permit to Operate Ko Ko issued.

Inclusion Through Diversity

Appendix E3

LEP Tracking Form A: Use of Free Interpreter/Translator Services

All Limited English Proficiency clients must be informed of their right to free language assistance including interpreter services and translated documents. This form can be kept in the client's records for future reference. County staff should never encourage, suggest, or require a Limited English Proficiency client to use friends or family as interpreters. At no time will anyone 18 years of age or younger be utilized to provide interpreter services, except in an emergency.

Use **THIS FORM** when language assistance services are used with a client. If the client does not need language assistance because they have brought their own interpreter or feel they do not need one, please have them fill out **Form B - Waiver of Right to Free Interpreter Services**.

Department: HEALTH	Name of Staff Person Requesting Service: SKIP PARR
Name of Client(s): SOOK JA SEO	Date: 6/13/17
Reason for Visit: Held office conference to discuss enforcement process and restaurant violations (Koko)	In which town/village/city does the client ^{work} live? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> City of Ithaca</div> <div style="width: 33%;"><input type="checkbox"/> T/Ithaca</div> <div style="width: 33%;"><input type="checkbox"/> V/Cayuga Hgts</div> <div style="width: 33%;"><input type="checkbox"/> T/Caroline</div> <div style="width: 33%;"><input type="checkbox"/> T/Danby</div> <div style="width: 33%;"><input type="checkbox"/> T/Dryden</div> <div style="width: 33%;"><input type="checkbox"/> V/Dryden</div> <div style="width: 33%;"><input type="checkbox"/> V/Freeville</div> <div style="width: 33%;"><input type="checkbox"/> T/Enfield</div> <div style="width: 33%;"><input type="checkbox"/> T/Groton</div> <div style="width: 33%;"><input type="checkbox"/> V/Groton</div> <div style="width: 33%;"><input type="checkbox"/> T/Lansing</div> <div style="width: 33%;"><input type="checkbox"/> V/Lansing</div> <div style="width: 33%;"><input type="checkbox"/> T/Newfield</div> <div style="width: 33%;"><input type="checkbox"/> T/Ulysses</div> <div style="width: 33%;"><input type="checkbox"/> V/Trumansburg</div> <div style="width: 33%;"><input type="checkbox"/> Other _____</div> </div>

Language assistance needed (check):

- | | | | | | |
|-----------------------------------|----------------------------------|---------------------------------|----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Arabic | <input type="checkbox"/> French | <input type="checkbox"/> Chinese | <input checked="" type="checkbox"/> Korean | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> American | <input type="checkbox"/> Russian | <input type="checkbox"/> Hindi | <input type="checkbox"/> Swahili | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ |

Sign

Who provided language assistance services? (check one):

- ☒ LanguageLine
 ☐ Empire Interpreting Service
 ☐ Bilingual Staff Member
 ☐ Other _____

Was the service provided over the phone, or in person? (check one): ☒ Phone ☐ In person (Justify below)

Please explain why phone services could not be used: _____

Name of Interpreter used: ID Number: Did not obtain
Duration of Interpreted Session: Did not obtain

This form must be filled out and provided to the LEP Coordinator within 30 days of using language assistance services. Email to kbaer@tompkins-co.org or mail to the Office of Human Rights at 120 W. MLK Street, Ithaca.

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

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

June 15, 2017

Lee Houghtling and Angela Scaglione Houghtling
4945 Devlen Road
Groton, NY 13073

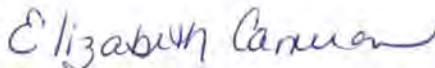
**Re: Request for Approval of Septic Tank Application Fee Waiver
352 Smith Road, Town of Groton**

Dear Mr. Houghtling:

Enclosed is a copy of the memo that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 27, 2017**, regarding the septic tank fee waiver of \$105. This office is in support of the fee waiver but the Board of Health has final approval.

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

Enclosure- Memo to Members of the Tompkins County BOH date June 15, 2017

pc: F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Groton\352 Smith Rd Cover.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Adriel Shea; Skip Parr
scan: Signed copy to Accela (EH-OW-17-0073)



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

Date: June 15, 2017
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: **Request to Waive Septic Tank Permit Application Fee – 352 Smith Rd**

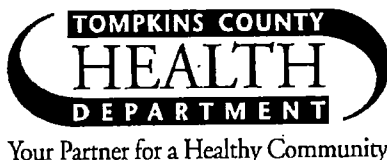
On October 25, 2016, Lee Houghtling, owner of 352 Smith Road located in the Town of Groton, contacted this office because one corner of his recently installed septic tank was sinking. The entire Onsite Wastewater Treatment System (OWTS) was installed in August 2016 (new construction) and the Certificate of Completion was issued on September 7, 2016. An application fee of \$425 was paid. On October 26, 2016, TCHD staff verified that the tank was leaning and that there was water in the septic tank. A letter summarizing activities and a photo showing the tank was leaning is attached.

On May 9, 2017, this office issued a Septic Tank/Pump Chamber Permit to Angela Scaglione Houghtling, wife of Lee Houghtling. The leaning septic tank was replaced with a new septic tank. Since the tank started sinking shortly after initial installation and the home has yet to be occupied, the Environmental Health Division is requesting that the Board of Health waive the septic tank replacement fee of \$105 so the certificate of completion can be issued.

Attachments

scan: Signed copy to Accela (EH-OW-17-0073)

F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Groton\352 Smith Rd- Tank Fee Waiver .docx



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

November 9, 2016

Angela Scaglione
4945 Devlen Road
Groton, NY 13073

Re: 352 Smith Road, Groton NY Tax Map # 25.-1-5.22

Dear Angela Scaglione:

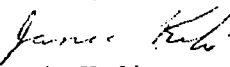
On October 7, 2016 you called our office requesting a letter addressing our activities at the above referenced property.

On July 20, 2016, Lee Houghtling submitted an application for an Onsite Wastewater Treatment System Construction Permit and fee of \$425 to our office. On July 25, 2016, I went to the site to conduct the deep hole soil test. The contractor at the site was Stinky's Tank Service. On July 26, 2016, our office issued an Onsite Wastewater Treatment System Construction Permit and specifications for the sewage system. On August 16, 2016, I conducted a bottom inspection of the sandfilter and provided a Certificate of Inspection to the contractor, Stinky's Tank Service. The Certificate of Inspection states "The bottom of the sand filter was satisfactory: construction may proceed. A final inspection is required before covering." On August 17, 2016 I conducted a final inspection on the sewage system and provided the Certificate of Inspection to Stinky's Tank Service. The Certificate of Inspection states "The system seems to be installed satisfactory and maybe covered. A Certificate of Completion will be issued." The Certificate of Completion was issued on September 7, 2016, to Lee Houghtling.

On October 25, 2016 I received a phone call from Lee Houghtling. He had indicated to me that one corner of the septic tank at 352 Smith Road was sinking and there was water in the septic tank even though no one has been living in the house yet. I agreed to come out to the site. On October 26, 2016, I made a site visit. It did appear as if the corner of the septic tank was sinking. A level was placed on the tank. The level indicated that the tank was leaning towards the outlet side of the tank. I observed cracked, depressed soil on the south west corner, near the outlet of the septic tank. I observed water in the septic tank.

On October 27, 2016, I spoke with Tim Cornellus of Stinky's Tank service. I explained my findings. He told me he would reset the septic tank when the ground becomes dryer. I told him to also check the tank for cracks and to call me before he covers the tank so I can do an inspection of the septic tank. I hope this information is helpful.

Sincerely,


Janice Koski
Public Health Sanitarian

pc: CEO (T) Groton
ec: Adriell Shea, Skip Parr, Elizabeth Cameron P.E., TCHD
ec: Angela Scaglione (amscag0857@gmail.com)
file path: F:\EH\SEWAGE(SSW7)\facilities\Groton\25.-1-5.22,352SmithRoad\letter.docx
file to Accela



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

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

June 15, 2017

Jane Kanellis
722 Valley Road
Brooktondale, NY 14817

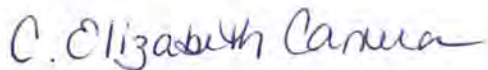
**Re: Request for Approval of Waiver of Tompkins County Sanitary Code
722 Valley Road, Town of Caroline**

Dear Ms. Kanellis:

This office has received your request for a waiver of the Tompkins County Sanitary Code. Enclosed is a copy of the memo that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 27, 2017**. This office has concerns with granting approval of this request. However, the Board of Health has final approval on granting waivers.

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

Enclosure— Memo to Members of the Tompkins County BOH date June 15, 2017

pc: F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Caroline\722 Valley Rd\Waiver Cover Letter.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
CEO T-Caroline; Supervisor T-Caroline; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Steve Maybee, P.E.; Adriel Shea; Skip Parr
scan: Signed copy to Accela (EH-AD-17-0003)

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

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

Date: June 15, 2017
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: Request to Waive Lot Size of Existing Residential Lot

Jane Kanellis, owner of 722 Valley Road located in Brooktondale has requested a waiver of the Tompkins County Sanitary Code (TCSC) so that she can transfer .396 of an acre of her property to 726 Valley Road (adjacent property) which is owned by her daughter, Terrie Kanellis. During a phone conversation with Health Department staff, the justification for the waiver is to provide protection of a privacy border provided by mature trees. Currently, both lots are over one acre in size. The requested lot line adjustment would reduce the lot at 722 Valley Road from 1.05 to 0.691 acres. Sections 6.06d.2 and 6.06d.7 of TCSC require a minimum lot size of one acre of usable area and that a minimum lot area be retained for the lot as long as the sewage system is needed, respectively.

Based on site observations made by Health Department staff and Town of Caroline Code Enforcement Officer it was confirmed that the 0.396 acres involved in the proposed transfer would likely not affect placement of any future replacement onsite wastewater treatment system (OWTS) because this area is a hill side. The steep grade and downhill well location make it unusable area for future OWTS development. The existing sewage system at 722 Valley Road was installed June of 1993.

The Environmental Health Division is concerned that the justification for the waiver does not meet the requirements of Article VI, S-6.01.d which states:

d. Waivers from Article VI of the Tompkins County Sanitary Code may be requested of the Tompkins County Board of Health where specific hardships or circumstances make it difficult to comply with Article VI and the waiver provides for an adequate level of public health and environmental protection.

The Board should recognize that this sets precedence of approvals of future similar requests. Additionally, should the waiver be granted and the property be sold, future owners may be burdened with lot restrictions that may otherwise be avoided such as needing an engineer to design a replacement OWTS and/or limitations on future well development or meeting other set back requirements.

Should the Board of Health choose to approve this waiver, the Health Department believes that there would be no adverse impact to the existing conditions affecting public health or environmental protection.

Attachments

scan: Signed copy to Accela (EH-AD-17-0003)

F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Caroline\722 Valley Rd\Kanellis Property Waiver.docx

Tompkins County Environmental Health Map



Legend

Hydrology

--- Intermittent Streams

— Perennial Streams

Addresses

□ Building

□ Parcels

Mobile Home Parks

— CAR100ft

— DAN100ft

— DRY100fy

— GRO100ft

— ENF100ft

— ITH100ft

— LAN100ft



0.1 0 Distance / 0.1 Miles

1: 2,257

Disclaimer: Data contained on this map was provided or derived from data developed or compiled by the Tompkins County ITS - GIS Division, and is the best available to date. The originators do not accept any responsibility for any errors, omissions, or positional accuracy.

© 2015 Tompkins County GIS Map Projection: WGS_1984_Web_Mercator_Auxiliary_Sphere



Your Partner for a Healthy Community

Attn: Joel Scogin
RECEIVED



Frank Kruppa
Public Health Director

55 Brown Road
Ithaca, NY 14850-1247

EH-AD-17-0003 MAY 03 2017

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

TOMPKINS COUNTY
HEALTH DEPARTMENT

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

SEWAGE VARIANCE/WAIVER REQUEST FORM

Application must be received complete with fee, at least two weeks prior to the Board of Health meeting (meetings are held on the second Tuesday of every month). Be as detailed as possible; continue on reverse side or separate sheet if necessary.

Name: Jane Kanellis / *Terrie Kanellis
Address: 722 Valley Rd / 726 Valley Rd, Brooktondale
Phone: 539-7593 / 539-7324

1. Location of property or facility involved:

Facility: _____ Town/Village: Caroline
Address: 722 / 726 Valley Rd, Brooktondale, N.Y. 14817

2. Tax Map Number: 502000-9-1-49.2 to 502000-9-1-49.1
1.05 acres 2.55 acres

3. Waiver requested from ("quote specific rule/regulation"): _____

Subdivision of parcel for lot smaller
then recommend for septic replacement.

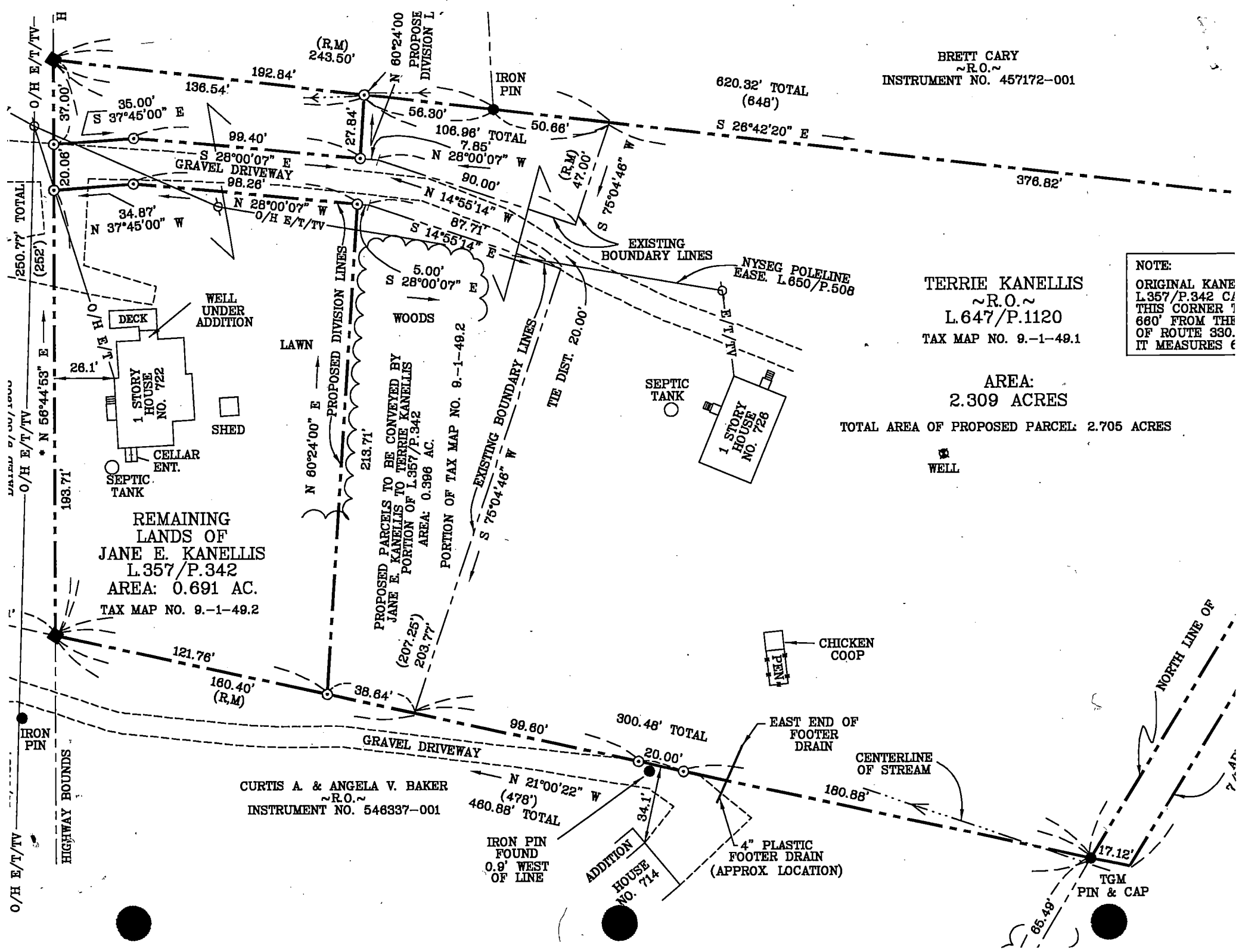
4. Background facts (state how the situation arose that causes you to feel a waiver is necessary): _____

Transfer of family own property, lot line
adjustment.

5. Discussion (describe detailed reason why your situation needs relief; how you intend to meet the intent of the Code; what alternatives you have tried; what compromises or restrictions you would accept): Property transfer of steep bank, ~~area~~
non conducive for septic. In the event of complete
septic system failure. It would cause economic
hardship and doesn't make sense to use pump
up system because of well location.

* Kevin McMahon, Building Code Inspector has made a site visit and has approved this lot line Adjustment.

Inclusion Through Diversity



BRETT CARY
~R.O.~
INSTRUMENT NO. 457172-001

TERRIE KANELIS
~R.O.~
L.647/P.1120
TAX MAP NO. 9.-1-49.1

NOTE:
ORIGINAL KANE
L.357/P.342 C/
THIS CORNER 1
660' FROM THE
OF ROUTE 330.
IT MEASURES 6

AREA:
2.309 ACRES

TOTAL AREA OF PROPOSED PARCEL: 2.705 ACRES

WELL

CURTIS A. & ANGELA V. BAKER
~R.O.~
INSTRUMENT NO. 546337-001

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

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

June 15, 2017

Russell Norton
133 Westhaven Road
Ithaca, NY 14850

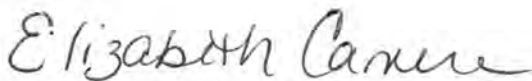
**Re: Request for Approval of Waiver of Tompkins County Sanitary Code
113 Maplewood Road, Town of Ulysses**

Dear Mr. Norton:

This office has received your request for a waiver of the Tompkins County Sanitary Code. Enclosed is a copy of the memo that the Tompkins County Board of Health will consider at its meeting on **Tuesday, June 27, 2017**. This office is in support of approval of your waiver request but the Board of Health has final approval.

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

Enclosure- Memo to Members of the Tompkins County BOH date June 15, 2017

pc: F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Ulysses\113 Maplewood Cover Letter.docx
ec: Tompkins County Board of Health (via; Shelley Comisi, TCHD)
John Andersson, P.E., Consulting Engineer; CEO T-Ulysses; Supervisor T-Ulysses; TCHD: Elizabeth Cameron, P.E.,
Director of Environmental Health; Frank Kruppa, Public Health Director; Steve Maybee, P.E.; Adriel Shea; Skip Parr
scan: Signed copy to Accela (EH-OW-17-0071)

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

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

Date: June 15, 2017
Memo to: Members of the Tompkins County Board of Health
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: **Request to Waive Separation Distance from Driveway – 113 Maplewood**

Russel Norton, owner of 113 Maplewood Road located in the Town of Ulysses, has requested a waiver of the Tompkins County Sanitary Code (TCSC) allowing the Health Department to approve the design of an Onsite Wastewater Treatment System (OWTS) within five feet uphill and 17 feet downhill of an existing driveway. Section 6.06.c.1 of TCSC states that no parking areas, roads, driveways, structures or impermeable surfaces shall be placed over or within ten feet uphill or sidehill of, or 20 feet downhill of, a sewage system's soil absorption or fill areas.

Currently, the owner is working with a design engineer to develop plans to site a new OWTS to convert the house from a three to four bedroom house. The 3-bedroom (over 100 years old) house is sited on a 0.75 acre lot with 30-40% slopes, has shoreline with Cayuga Lake and an existing paved driveway. There are no available records of the existing sewage system and the design engineer believes it is likely located in the beach area of the property. The existing lot restrictions make it a challenging property to locate an OWTS.

The existing driveway cannot be moved and the upper portion is shared with a neighboring property. Based on the engineering plans proposed, the DMAT (downstream modified absorption trench) would be five feet downslope of the paved area in one corner and 17 feet upslope from the drive. The driveway drainage will not pass over the DMAT.

Waivers have also been requested from Appendix Part 75-A (NYS Wastewater Treatment Standards) including:

- separation distance from a watercourse (intermittent stream) to DMAT (50' versus required 100')
- separation distance from a watercourse (intermittent stream) to sand filter (80' versus required 100')
- horizontal separation of South Property Line to sandfilter (5' versus required 10')
- horizontal separation of West Property Line to septic tank (3' versus required 10')
- existing slope in DMAT area needs to be maintained at existing 33-38% (15% or less is required)
- identification of expansion and replacement area

Board of Health action is not required for waivers from the NYS Sanitary Code.

The requirements of 75-A and the Tompkins County Sanitary Code apply to new and conversion permits, not to replacement systems. Since an additional bedroom is being proposed the OWTS system has to meet current standards or obtain waivers. The engineering plans submitted give considerations to mitigate noncompliance when possible to ensure an adequate level of public and environmental protection. There are no existing wells in neighboring properties of concern.

The Environmental Health Division supports granting the requested waiver from the Tompkins County Sanitary Code. The request for a conversion to a four bedroom house has no additional impact because the footprint of a three bedroom design would still require approximately the same amount of space posing the same separation and slope issues. Approval of this plan will improve public health and environmental protection since it is likely that the existing system adversely impacts lake water quality which is also the water source for many lake homes.

Should the Board choose to approve this waiver, the Health Department will require the installation of railroad ties or another acceptable barrier as deterrent to parking over the sand filter as a condition of approval of the proposed engineering plans.

Attachments

scan: Signed copy to Accela (EH-OW-17-0071)

F:\EH\SEWAGE (SSW)\Facilities (SSW-7)\Ulysses\113 Maplewood Rd- Norton Waiver.docx



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION

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

Ph: (607) 274-6688

Fx: (607) 274-6695

SEWAGE VARIANCE/WAIVER REQUEST FORM

Application must be received complete with fee, at least two weeks prior to the Board of Health meeting (meetings are held on the second Tuesday of every month). Be as detailed as possible; continue on reverse side or separate sheet if necessary.

Name: Russell Norton

Address: 133 Westhaven Road, Ithaca, NY 14850

Phone: 607-793-3458

1. Location of property or facility involved:

Facility: House at 113 Maplewood Road Town/Village: Town of Ulysses

Address: 113 Maplewood Road, Ithaca, NY 14850

2. Tax Map Number: 503689-28.-1-19

3. Waiver requested from ("quote specific rule/regulation"): Tompkins County Sanitary Code Article VI, Section 6.06c.1) "No parking areas, roads, driveways, structures or impermeable surfaces shall be placed over, or within ten feet uphill or sidehill of, or twenty feet downhill of, a sewage system's soil absorption or fill areas."

Request that the existing driveway be allowed 5' uphill of the proposed DMAT (soil absorption area) at one corner, and the existing driveway be 17' downhill of the proposed DMAT.

4. Background facts (state how the situation arose that causes you to feel a waiver is necessary): This existing (about 117-years old) 3-bedroom home has an unknown type of sewage system (OWTS) that is undoubtedly within 100' of Cayuga Lake. The owner would like to bring the OWTS into compliance but would also like to have an OWTS with capacity to serve a 4-bedroom home. The lot is challenging due to its size (0.75 acre), slope (30-40%), shoreline with Cayuga Lake, and existing home and paved driveway. The least steep and most open areas of the lot are identified for the location of the proposed OWTS (sand filter and DMAT). However, this space is a bit constrained by the existing paved drive. The drive cannot be moved and the upper portion is shared with the neighbor. The water source is Cayuga Lake.
5. Discussion (describe detailed reason why your situation needs relief; how you intend to meet the intent of the Code; what alternatives you have tried; what compromises or restrictions you would accept): The slightly deficient separation distances between the DMAT and the driveway will have only a minimal impact on the OWTS, and the least impact on the lot and environment compared to any other location. The type of OWTS was chosen after much consideration to provide the least area required and with three levels of treatment (septic tank, sand filter, commercial GSF filter), before discharging into the soil. The septic tank is up-sized from 1250 to 1500 gallons and an effluent filter in its own tank is specified. Run off from the driveway above the absorption area will not flow across the absorption area. We cannot identify other compromises or restrictions and are willing to consider any suggestions.

Inclusion Through Diversity

John M. Andersson, P.E.
Consulting Environmental Engineer
1 Woodland Road, Ithaca, NY 14850
J.AnderssonPE@yahoo.com
Cell 607-229-6100 Office 607-539-7096

RECEIVED

6 May 2017

MAY 08 2017

Stephen Maybee, P.E.
Division of Environmental Health
Tompkins County Health Department
55 Brown Road
Ithaca, NY 14850

TOMPKINS COUNTY
HEALTH DEPARTMENT

Re: OWTS Construction Permit with Waiver Application
113 Maplewood Road
Town of Ulysses, tax parcel 503689-28.-1-19

Dear Steve,

Enclosed are 3 sets of plans for a 4-bedroom OWTS to convert an existing 3-bedroom home to a 4-bedroom home.

Also enclosed are a Construction Permit Application and a request to waive certain separation and slope requirements. The separation and slopes issues are the same for a replacement 3-bedroom OWTS as for a 4-bedroom OWTS. The existing OWTS is unknown but undoubtedly on the shore of Cayuga Lake.

Russell Norton, the owner, will send signed copies of the applications and the plan review fee directly to you.

Thank you for your review of this particularly difficult situation and please contact me with any questions.

Sincerely,

John M. Andersson

John M. Andersson, P.E.

pc w/o encl: Russell Norton, via email drrussnorton@gmail.com

Specific Waiver Application
Residential On-Site Wastewater Treatment Systems

Applicant (Owner) Russell Norton 607-793-3458 drrussnorton@gmail.com

Address 133 Westhaven Road Ithaca Tompkins 14850
STREET TOWN/VILLAGE/CITY COUNTY ZIP

Site Location 113 Maplewood Road (503689-28.-1-19) Ulysses-T Tompkins 14850
STREET TOWN/VILLAGE/CITY COUNTY ZIP

1. This information is submitted in support of the application for specific waiver from the standards of 10NYCRR Appendix 75-A, Wastewater Treatment Standards - Residential On Site Systems.

Proposed design cannot meet standards of Appendix 75-A for the following reasons:

- ☒ Separation distance cannot be achieved (see 75-A.4(b), Table 2, Separation Requirements)
☒ Excessive slope (see 75-A.4a(1), Soil and Site Appraisal)
☐ Proposed design and/or technology
☒ Other Lack of expansion/replacement area

MAY 08 2017

TOMPKINS COUNTY
HEALTH DEPARTMENT

2. Provide a brief description of design criteria which will mitigate noncompliance with requirements of Appendix 75-A. Include a detailed design, record of soil/site investigation and evaluation and a site plan which depicts conditions of concern existing on parcels abutting the site location including but not limited to location of wells, water bodies and wetland.

This is an existing 3-bdrm home with an unknown type of sewage system that is undoubtedly within 100' of Cayuga Lake. The owner would like to bring the OWTS into compliance but would also like to have the capacity to serve 4-bdms. The site conditions are the same for a 4- and a 3-bdrm OWTS, but as a conversion system waivers are sought.

Horizontal separation North (and South) watercourse to DMAT = 50' (85'); to Sand Filter = 80' (85'); direction of drainage is parallel to the watercourses. They are not DEC streams.

Horizontal separation South Property Line to Sand Filter = 5' and West Property Line (road R-O-W) to Septic Tanks = 3'; needed to fit OWTS; all work can be done on the lot.

Existing slope in DMAT area = 33-38%; needs to remain because of limited area. Eljen GSF units will be used to minimize heavy equipment movement; sill fence at toe of slope.

Expansion/replacement area: all available space will be used for this OWTS, but components (Sand Filter, Eljen GSF Units) can be replaced in their footprints so more area is not needed.

TCHD Article VI separation to impermeable area: the DMAT will be 5' downslope of the paved area in one corner and 17' upslope from the drive. The drive drainage will not pass over the DMAT.

3. Signature of Applicant and Professional Engineer/Registered Architect

Russell Norton

TYPE OR PRINT NAME

(Applicant) acknowledge that this request for waiver is necessary because an on-site wastewater treatment system at this property cannot meet the referenced standards of 10NYCRR, Appendix 75-A. I accept the system design as proposed.

[Signature]

SIGNATURE

5/6/2017

DATE

John M. Andersson, P.E.

TYPE OR PRINT NAME

(Professional Engineer/Registered Architect) acknowledge that this request for waiver from standards of 10NYCRR, Appendix 75-A is necessary because one or more conditions prevent construction of an on-site wastewater treatment system that is compliant with standards of Appendix 75-A. By my signature, the proposed design will provide a degree of protection equivalent to the intent of Appendix 75-A and will not result in an increased risk to public and environmental health.

[Signature]

SIGNATURE

May 6, 2017

DATE

051610-1

NYS LICENSE #

For Health Department Use Only

Based upon the information provided in this application to waive the referenced standards of Appendix 75-A and in accordance with 10NYCRR Section 75.3 and 75.6(b), the waiver requested is hereby:

- ☐ Approved: Install as proposed
☐ Approved: Install with the following conditions: _____
☐ Denied, for the following reasons: _____

This waiver may be revoked if any proposals are modified or site conditions change that were considered for approving this waiver.

HEALTH DEPARTMENT REPRESENTATIVE

SIGNATURE

DATE

Tompkins County Environmental Health Map



Legend

- Hydrology
 - Intermittent Streams
 - Perennial Streams
- Addresses
 - Building
 - Parcels
 - Mobile Home Parks



0.0 0 Distance / 0.0 Miles

1: 564

Disclaimer: Data contained on this map was provided or derived from data developed or compiled by the Tompkins County ITS - GIS Division, and is the best available to date. The originators do not accept any responsibility for any errors, omissions, or positional accuracy.

© 2015 Tompkins County GIS Map Projection: WGS_1984_Web_Mercator_Auxiliary_Sphere

06/07/2017

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		
Revised TCHD Annual Health Assessment Form	Attachment	5		Adapted content from Cornell Health; 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*

Employee Annual Health Assessment

New York State Department of Health regulations require that employees of health care facilities be free of health impairments that present a risk to clients or interfere with the performance of work duties. The regulations require an annual employee health assessment.

Items marked with * are required.

*Department : ☐ CHS ☐ WIC ☐ CSCN

*Employee name: _____ *Job title: _____

During the past 12 months:

*Have you had fever higher than 100 degrees Fahrenheit for 2 weeks or more? ☐ Yes ☐ No

*Have you had unusual fatigue for 2 weeks or more? ☐ Yes ☐ No

*Have you had unexplained weight loss of 10 lbs or more? ☐ Yes ☐ No

*Have you had night sweats for 1 week or more? ☐ Yes ☐ No

*Have you had persistent hoarseness? ☐ Yes ☐ No

*Have you had a cough for 3 weeks or more? ☐ Yes ☐ No

*Have you had bloody sputum? ☐ Yes ☐ No

*Have you had chest pain? ☐ Yes ☐ No

*Have you had a loss of appetite for 2 weeks or more? ☐ Yes ☐ No

*Have you had abdominal pain with fever, nausea, vomiting, diarrhea or jaundice? ☐ Yes ☐ No

*Have you had any recurring skin rash or skin condition? ☐ Yes ☐ No

*Have you had an illness or injury that may pose a risk to clients or other employees or that may interfere with your ability to perform your work duties? ☐ Yes ☐ No

*Have you had a surgical procedure that may pose a risk to clients or other employees or that may interfere with your ability to perform your work duties? ☐ Yes ☐ No

*Have you had medical or psychological treatment that may pose a risk to clients or other employees or that may interfere with your ability to perform your work duties? ☐ Yes ☐ No

*Are you taking any medications that may pose a risk to clients or other employees or that may interfere with your ability to perform your work duties? ☐ Yes ☐ No

*Do you have any drug or alcohol dependencies? ☐ Yes ☐ No

*Do you have any health concerns related to your work? ☐ Yes ☐ No

If you answered yes to any of the above, please provide details:

*If you wear a respirator, have you had a 20 lb weight gain/loss or grown a beard since your last respirator fit test? ☐ Yes ☐ No ☐ N/A If yes, explain: _____

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

Please acknowledge the following statements by checking each box:

*☐ I will inform _____ if I develop any symptoms suggestive of tuberculosis.

*☐ I understand that my employee health assessment is stored in a locked confidential medical file in Administration separate from the rest of my personnel record. Only the Director of Community Health, the agency Medical Director and select Administrative staff have access on a need-to-know basis only.

*☐ 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.

Employee signature: _____ Date: _____

+++++

FOR AGENCY USE ONLY

I have reviewed the Annual Health Assessment for the above named employee and have determined that:

☐ The Annual Health Assessment is satisfactory and no additional information is required.

☐ Additional health information is necessary and is attached for review by the agency Medical Director.

Agency Signature and Professional Licensure: _____ Date: _____

+++++

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

☐ Reviewed and health status has been found to be acceptable.

☐ Additional information is needed.

☐ Requested written report from primary care provider regarding employee's ability to perform work duties.

Medical Director Signature: _____ Date: _____

Division for Community Health

Haemophilus influenzae type B (ActHIB) Vaccine Policy

I. Goal: Reduce the incidence of vaccine preventable Haemophilus influenzae type B disease through routine immunization with ActHIB vaccine.

A. Eligibility: Refer to **Clinic Services Policy** found at F:DCH Shared\Policies\Clinic\Clinic Services Policy

B. Vaccine Components

1. ActHIB vaccine is a sterile, lyophilized powder to be reconstituted with saline diluent (0.4% sodium chloride). ActHIB vaccine consists of Haemophilus influenzae type b capsular polysaccharide bound to tetanus toxoid. It contains no preservative.
2. The vial stoppers for ActHIB vaccine and diluent are not made with natural rubber latex.

C. Vaccine Recommendations

1. Routine vaccination for children ages 2 months to less than 5 years of age.

D. Contraindications

1. Severe allergic reaction (anaphylaxis) after a previous dose of any Haemophilus influenzae type b or tetanus toxoid containing vaccine or any component of the vaccine.

E. Precautions

1. Guillain-Barre syndrome has occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid. The decision to give any tetanus toxoid containing vaccine, including ActHIB vaccine, should be based on careful consideration of the potential benefits and possible risks.
2. Immunization with ActHIB vaccine does not substitute for routine tetanus immunization.

F. Side Effects

1. Mild reactions: local injection site tenderness.
2. Moderate to severe reactions: fussiness/irritability (75%), inconsolable crying (58%), and decreased activity/lethargy (51%).

G. Immunization Schedule

1. Four dose series consisting of:
Primary series at 2, 4 and 6 months of age
Booster dose at 12-15 months

H. NYS Daycare & School Requirement*

- 1-4 doses required for prekindergarten. The final dose must be received on or after 12 months.
- If 2 doses were received before age 12 months, only 3 doses are required with dose 3 at 12-15 months and at least 8 weeks after dose 2.

- If dose 1 was received at 12-14 months, only 2 doses are required with dose 2 at least 8 weeks after dose 1.
- If dose 1 was received at 15 months or older, only 1 dose is required.
- Not required for children 5 years or older.

**Per 2017-18 School Year New York State Immunization Requirement for School Entrance/Attendance*

I. Vaccine Administration

1. Registered Professional Nurses on staff at Tompkins County Health Department and Registered Professional Nurses under TCHD supervision through an approved internship administer the vaccine.
2. Administer 0.5 cc intramuscularly in the anterolateral aspect of the infant's thigh or in the deltoid once the child is walking.
3. Simultaneous administration: ActHIB vaccine may be given simultaneously with all routine childhood vaccines.

J. Medical Order

1. Hib is on the approved list of immunizing agents for non-patient specific medical orders by the Board of Regents. A patient specific medical order is not needed.

K. Storage and Handling

1. Store refrigerated between 36 and 46 degrees Fahrenheit.
2. Do not freeze.
3. Do not use after expiration date shown on the label.

L. Cost - Refer to the **Clinic Services Policy** for fees and billing information.



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Date

Written 6/5/17

BOH approved pending

F: DCH Shared\Policies\Vaccines\HIB Vaccine Policy

Hard copy located in CHS Policy Manual in Vaccine Storage Room