

**AGENDA
Tompkins County Board of Health
Rice Conference Room
Tuesday, December 8, 2020
12:00 Noon
Via Zoom**

Live Stream at Tompkins County YouTube Channel:

<https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ>

- Noon 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 October 27, 2020 Minutes (2 mins.)
- 12:06 IV.** Financial Summary (9 mins.)
- 12:15 V.** Reports (15 mins.)
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|-------------------------------|----------------------------------|
| Administration | Children with Special Care Needs |
| Health Promotion Program | County Attorney’s Report |
| Medical Director’s Report | Environmental Health |
| Division for Community Health | CSB Report |
- 12:30 VI.** New Business
- 12:30** **Administration** (30 mins.)
1. Consider Nominating Committee Recommendation on Board of Health Vacancy (5 mins.)
 2. Board of Health Selection of Officer for 2021 (5 mins.)
 3. Strategic Plan Update (20 mins.)
- 1:00** **Environmental Health** (5 mins.)
- Administrative Action:**
1. YMCA Request to Waive Swimming Pool Permit Application Fees, Graham Road, V- Lansing (5 mins.)
- 1:05** **Environmental Health** (5 mins.)
- Enforcement Action:**
1. Revised Resolution #EH-ENF-20-0016 – TOSA Apartment, T-Dryden, Violations of BOH Orders #EH-ENF-20-0016 and Subpart 5-1 of New York State Sanitary Code (Water) (5 mins.)
- 1:10** **Adjournment**

MINUTES
Tompkins County Board of Health
October 27, 2020
12:00 Noon
Virtual Meeting via Zoom

Present: Christina Moylan, Ph.D., President; Melissa Dhundale, MD; David Evelyn, MD; Ravinder Kingra; Edward Koppel, MD; Susan Merkel; Janet Morgan, Ph.D.; and Shawna Black

Staff: Liz Cameron, Director of Environmental Health; Samantha Hillson, Director of Health Promotion Program; William Klepack, MD, Medical Director; Frank Kruppa, Public Health Director; Greg Potter, ITS Director; Deb Thomas, Director of Children with Special Care Needs; Shelley Comisi, Administrative Assistant; and Karan Palazzo, LGU Administrative Assistant

Excused: Brenda Grinnell Crosby, Public Health Administrator

Guests: Caryn Bullis, Deputy Director, Office for the Aging and Bridgette Nugent, Deputy Director of Youth Services

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

Privilege of the Floor: No one was present to speak on the Privilege of the Floor.

Approval of September 22, 2020 Minutes: Ms. Merkel moved to approve the minutes of the September 22, 2020 meeting as written, seconded by Ms. Black. The vote to approve the minutes as written was unanimous; motion carried.

Financial Summary: Mr. Kruppa reported that Ms. Grinnell Crosby is out on medical leave, and there is no financial report. In the administration department, Ms. Johnson monitors the financials in her absence, and nothing needs attention. There were no questions on the financial summary included in the packet.

Administration Report: Mr. Kruppa reported that applications were received for the BOH seat, which will be sent to the nominating committee for review.

COVID Updates: Mr. Kruppa reported that in the last month, COVID has expanded in the surrounding counties of Tompkins County and has seen an uptick in the community spread locally; not as significant as Broome, Chemung, Tioga, or Cortland. Some cases have unidentifiable sources. The public is informed to remain vigilant, continue social distancing, handwashing, and wearing masks. The first Tompkins County resident death proves we must continue efforts. Additional virtual contact tracing support from the state was requested to help the nursing team respond to the latest increase in cases and give our nurses some relief. Mr. Kruppa reported a signed contract with a traveling nurse company

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for three nurses to work the Thursday to Monday shifts to provide relief to our nurse. He gave thanks to Ms. Black and the legislature that some of the 2021 rollover money would be used for contract nursing hours, supplementing what is received from the state. Mr. Kruppa acknowledged the 30-40 volunteers from various county departments who cycle every two weeks to help call cases in isolation or quarantine. Some have taken on contact tracing and case investigations. Mr. Kruppa reported that Caryn Bullis is reassigned to the Health Department to provide operational leadership and support for the Community Health Division for COVID. Bridgette Nugent, Deputy Director of Youth Services, is shadowing Mr. Kruppa and leading up the vaccination process.

Dr. Moylan commented on the importance and appreciation of bringing additional people to support the county's response with COVID and thanked Ms. Bullis and Ms. Nugent.

Question from Ms. Merkel on the amount of communication between the other counties. Mr. Kruppa responded that Tompkins County does not have resources to spare. We cannot support them from a county perspective. Communication is mainly about cases they own, which we need to do work on, and we haven't heard about yet.

Health Promotion Program Report: Ms. Hillson had nothing to add to her report but asked if anyone hasn't been receiving the press releases to please let her know. The recent press releases announced three public exposure locations: Staples, Arby's, and a TCAT bus.

Question from Ms. Black regarding seeing positive cases after being exposed in some of the public locations. Mr. Kruppa said he does not believe we have.

Question from Dr. Moylan regarding mall test site offering additional hours. Mr. Kruppa doesn't believe the extra hours will be permanent. Dr. Evelyn said the additional hours were in response to the postings about the recent public exposures and the increase in the volume seen.

Question from Dr. Dhundale regarding any increase in volume with the schools open. Dr. Evelyn said, not as much as expected. Most of the exposures were adults getting together, sharing food, being indoors, and not wearing masks that increased volume, not the children.

Medical Director's Report: Dr. Klepack discussed:

- The concern for public safety/works, health care, and essential service workers at risk with the rise of community spread's pervasiveness. He said the issue is on Tompkins County Health Department's radar. He stressed the importance of being honest when reporting exposures on daily check-ins with employers, providing information to the nurses about their contacts and where they think they may have picked it up to keep the workforce and the community going. Dr. Klepack said he believes travel is also a significant factor. Precautions should be taken when traveling anywhere, county, or state and follow the recommended safety guidelines.

- The concern with the uptick in community spread about offices and the questions practices are raising. He is working on clarifying guidance for medical practices when a staffer has COVID. The practitioner must consider what the practice is, what their population is, and make appropriate changes. The need to keep primary care practices whole is crucial.
- Monday-Friday morning briefings including Cornell Health, NYS liaison for school contact tracing, various county departments, Cayuga Medical Center, and other interested stakeholders. This cross-fertilization and sharing of information from multiple entities are invaluable in handling the pandemic. He extended thanks and appreciation for everyone's participation and dedication.

Question from Dr. Morgan regarding who represents mental health. Dr. Klepack said Mr. Kruppa and Jeremy Porter dialogue mental health issues and the effects of COVID. Mr. Kruppa added that the morning briefings are tactically related to disease investigation, focusing on the current and previous days' cases. Mr. Kruppa said he meets with mental health and substance use providers every other week to discuss their needs, community needs, and how we can meet them.

Question from Ms. Merkel regarding Governor Cuomo replacing quarantine or supplementing it with more testing if you are coming from out-of-the-state. Mr. Kruppa said he believes that the travel quarantine was initiated when the country's disease levels were different. He agrees and supports the governor's approach with the very specific cluster initiative approach, targeting areas with the highest cases to contain and targeting resources where things are transmitted most frequently. Mr. Kruppa cannot say where it will end up as it is a state decision.

Question from Dr. Moylan if Mr. Kruppa can comment on the CDC's definition of close contact. Mr. Kruppa said the CDC definition of close contact is six feet for 15 minutes cumulative time over 24 hours. Tompkins County follows six feet for 10 minutes as per New York State's directive. We will continue to follow the directive and will not change who is put into quarantine.

Question from Dr. Dhundale regarding the rationale of not testing household contacts in quarantine. Mr. Kruppa responded that there is no requirement to test while in quarantine. Testing is recommended on the fifth or seventh day. The downside to testing on day one would be testing negative and contact not likely to successfully quarantine. During communications, the nurse will evaluate case by case in what seems appropriate.

Division for Community Health Report: Mr. Kruppa reported Claire Espey, the new Director of Community Health, starts November 30th.

Children with Special Care Needs Report: Ms. Thomas reported that they continue to support staff and nursing with COVID work. She referred to her report with nothing more to add.

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

Environmental Health Report:

- Ms. Cameron reported that TOSA Apartments seems to have made effective corrections to their system. She said communication with TOSA Apartments has been unresponsive, and EH has been unable to obtain a surveillance sample to release the boil water order. Hence, altering the proposed approach for enforcement's next steps. TOSA Apartments is scheduled for December's meeting.
- Ms. Cameron reported receiving the State Septic System Replacement Program survey that offers up to 50% funding to eligible properties to replace their septic systems. She believes the state is tightening requirements and is awaiting further communication from the state.
- Ms. Cameron reported that EH is responding to COVID complaints and are somewhat behind but making progress. The lead program is active, and EH is doing field visits.
- Ms. Cameron reported that the drought is much better. The City of Ithaca and Cornell have released their water conservation advisories. EH is still monitoring the groundwater a little longer before lifting to see the levels stabilize.
- Ms. Cameron concluded her report with the rabies clinic being held last weekend and the new Public Health Sanitarian starting next Monday.

Ms. Hillson announced that this week is "Lead Poisoning Prevention Week."

The next meeting is Tuesday, December 8th, 2020 @ at Noon.

Adjournment: Ms. Merkel moved to adjourn the meeting, seconded by Dr. Evelyn; meeting adjourned at 12:43 p.m.

HEALTH PROMOTION PROGRAM – October & November 2020

Samantha Hillson, Director, PIO
Ted Schiele, Planner/ Evaluator
Diana Crouch, Healthy Neighborhoods Education Coordinator

HPP staff strive to promote health equity and address underlying determinants of health, including but not limited to, health care access, health literacy, housing quality and environmental conditions, and food insecurity. We do this through education and outreach, community partnerships, home visits, public communication and marketing, and policy change.

Highlights

- COVID-19 continues as the primary focus. The most recent County COVID-19 timeline can be found [here](#). The Health Department [homepage](#) has recent updates about COVID-19 and a table with daily data for our County.
- Health Promotion staff continue to support the Emergency Operations Center (EOC) with communications, public information, and support Environmental Health with COVID-19 inspections.
- HPP staff are primarily working remotely. The Healthy Neighborhoods Program continues with virtual home visits and contactless drop off of supplies.
- Susan Dunlop, Community Health Nurse, retired in October and had been with us since 2004. Susan’s talents were unique among us all. Her experience and training as a nurse provided us with a resource for medical questions. Susan’s ability to quickly find answers and explain them in the context in which we worked was invaluable. Susan presented the blood-borne pathogens annual training across County departments, she developed and taught HPP’s Diabetes Prevention Program (DPP), was instrumental in the development of Harmonicas for Health, was a leader in the Department’s worksite wellness programs, and was our Department’s connection to many community programs and committees. Susan’s knowledge, friendship, and quick and distinctive laugh will be missed.

Community Outreach

We worked with these community groups, programs, and organizations during the month

Groups, Programs, Organizations	Activity/Purpose	Date
Immunization Coalition	Community Coalition, vaccine updates, flu, school immunizations	10/6
Childhood Nutrition Collaborative	Collective Impact, project of Cradle to Career, Steering Committee and board meetings. Healthiest Cities and Counties Challenge (HCCC) action plan and hiring process for coordinator. Technical	11/13, 11/20

	assistance meetings with NACo (National Association of Counties)	
Health Planning Council	Advisory Board, Executive Committee; HPC Director Interviews	10/21, 10/28, 11/9
Office for the Aging	Advisory Board	11/23
Food Bank of the Southern Tier, CCE, TC Food Taskforce, Friendship Donations Network	Food Distribution in Mobile Home Parks – coalition to assess need and interest in pop-up pantries and regular food distribution and MHPs, letter and survey sent to MHP operators	10/21, ongoing
211	Ongoing COVID collaboration, reviewed travel advisory	11/18
Cornell MPH	MPH Employer Panel	11/6
Cornell University – Dyson School	Course: Racial Equity in Organizations, working with two student groups on projects	ongoing
Influenza Vaccine Awareness	Flu shot promotion and paid advertising: TCAT bus ads, newspaper, radio, car magnets, social media	ongoing

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

- CHIP regroup meetings, reviewing interventions, determining a process that uses a health and racial equity lens to look at each intervention and how to collect data for health equity. Includes regular, ongoing discussion with steering committee members Lara Parrilla (CHP/Cornell MPH), Julia Ressler (CMC/RHETC (Rural Health Equity Teaching Collaborative), Dr. Christina Moylan (BOH and Ithaca College).
- Steering Committee Meetings (10/14, 11/24)

Healthy Neighborhoods Program

- HNP Staff working with EH on COVID-19 inspections of gyms and fitness centers, and other EH duties related to the increased demand due to COVID-19.
- HNP staff continues to receive calls requesting information regard indoor air quality, radon, mold and mildew, bed bug infestations, etc.
- Lead Poisoning Prevention Network (LPPN) meeting in October
- NYSDOH Radon Stakeholders Conference in November (Virtual)

October 2020

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2020	August 2019	TOTAL 2019*
# of Initial Home Visits (including asthma visits)	7	198	37	408
# of Revisits	0	76	5	132
# of Asthma Homes (initial)	0	49	10	55
# of Homes Approached	5	434	51	784

*Covers the calendar year (January - December); the HNP grant year is April-March.

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November 2020

HEALTHY NEIGHBORHOODS PROGRAM	MONTH	YTD 2020	August 2019	TOTAL 2019*
# of Initial Home Visits (including asthma visits)	7	205	32	408
# of Revisits	0	76	13	132
# of Asthma Homes (initial)	2	51	15	55
# of Homes Approached	2	436	64	784

*Covers the calendar year (January - December); the HNP grant year is April-March.

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Tobacco Free Tompkins

- Continue to maintain statewide Google Group for the ATFC grant.

Media, Website, Social Media

- COVID-19 press releases and website updates:
 - [COVID19 Health Alert Cases Increase in Nearby Counties 2020-10-07](#)
 - [COVID19 2020-10-12 Health Department Announces First COVID-19 Death in Tompkins County](#)
 - [COVID19 2020-10-16 Public Exposures](#)
 - [COVID19 2020-10-20 Health Alert Higher Risk Sports](#)
 - [COVID19 2020-10-22 TCAT Bus Routes 31 and 43](#)
 - [COVID19 2020-10-24 Sampling Site](#)
 - [COVID19 2020-10-20 Potential Public Exposures at Arby's and Staples](#)
 - [COVID19 2020-10-31 Public Exposure Dryden VFW](#)
 - [Health Department Announces Continued Funding from The Kresge Foundation 2020-11-03](#)
 - [COVID19 2020-11-04 Updated Guidelines for Out-of-State Travel and Quarantine](#)
 - [COVID19 2020-11-10 Walmart Public Exposure](#)
 - [COVID19 2020-11-12 Health Alert 30 Positive COVID-19 Cases, Clusters Identified](#)
 - [COVID19 2020-11-12 Health Alert Potential Public Exposure at Target Lansing Store](#)

- [COVID19 2020-11-14 Health Alert: Potential Public Exposure at the Texas Roadhouse](#)
 - [COVID19 2020-11-20 38 Positive](#)
 - [COVID19 2020-11-20 Health Alert: Potential Public Exposure at BJ's Wholesale Club](#)
 - [COVID19 2020-11-28 Oak Hill and Increase](#)
 - [COVID19 2020-11-29 Ithaca Ale House and TCAT](#)
- TCHD Press Releases:
 - [Rabies Vaccination Drive Through Clinic Oct 24 2020](#)
 - [Opportunity to Serve on the Tompkins County Mental Health Community Services Board 2020-10-09](#)
 - [Opportunity to Serve on the Tompkins County Board of Health 2020-10-09](#)
 - [Seeking a Dog 2020-10-19](#)
 - [Lead Poisoning Prevention Week 2020 October 25-31 2020-10-27](#)
 - [Website](#): New COVID-19 Content
 - New [graphs showing trends](#) in positive cases and caseloads are posted on the “Data Page” and updated regularly
 - [Guidance for the holidays](#)
 - Updated guidance for [out-of-state travel](#)
 - Listing of [potential public exposures](#), updated as needed
 - FAQ with Coronavirus [vaccine information](#)
 - New flyers available on the [download page](#)

Emerging Leaders in Public Health (ELPH) Cohort III – Kresge Foundation/Batiste Leadership

- ELPH Webinar: Role of Public Health Agencies to Advance Racial and Health Equity During and Post Covid (10/19)

Strategic Planning

- Strategic Planning with Batiste Leadership: Planning meeting (10/23, 11/2, 11/17), Senior Leadership Meeting (postponed), Staff Committee (10/9, 11/4, 11/20) and Board advisory committee (10/28, 11/23)

Training/Professional Development

- JEDI Team (Justice, Equity, Diversity, and Inclusion) (10/30)
- Cornell Center for Health Equity (CCHEq) Seminar: The Health Costs of Police Violence (10/2)
- Racial Equity Institute (10/17)

Medical Director's Report
Board of Health
November/December 2020

Overdose death update

71,000 deaths in 2019 and 2020 is on track to equal or exceed that number with Fentanyl a major contributor. It has been a long-standing factor in the northeast but now seems to be having more of an impact in the Midwest and west. In last couple of years, a form of fentanyl has become very cheap and mixes better with other drugs.

Social media is being used extensively and fentanyl precursor drugs are being marketed to drug cartels in Mexico and from there to the U S market

Purdue has settled with feds on 3 felony charges for 8 billion dollars in part due to illegal marketing. Some of this money is to go for treatment programs and homeless programs. Purdue is in bankruptcy but will be reconstituted as a "public benefit corporation" and money generated from opioid sales is to be used for drug treatment. Some challenge this as dangerous and unethical since it puts communities in a financial relationship with the company and the sale of opioids. Tobacco companies were allowed though to continue selling tobacco while they were forced to pay damages. No charges are being processed against the Sackler family per se and no other penalties for them other than what are levied against their company (felt to be a minor impact to their wealth). Allegedly their role in Purdue's illegal and unethical activities was direct and pushed sales in a manner "unsafe and medically unnecessary" - even to extent of the company considering payments to insurance companies for deaths due to overdoses to keep insurance companies covering opioid related claims. Societal cost of the opioid epidemic is in trillions of dollars, so this settlement is relatively small portion of what has been borne by society.

Meanwhile, progress on creating the nation's first supervised Injection facilities is minimal at a time when coronavirus and the social isolation it has caused and the concomitant rise in opioid overdoses – no progress New York still has five sites in consideration (4 in NYC and our city of Ithaca).

A person familiar with the process has told me "Research for a Safer New York [RFSNY], the non-profit entity composed of five organizations wishing to open safer injection facilities statewide has been incorporated, hired an executive director and is doing ongoing advocacy in Albany.

It has been challenging to gain any traction on the issue this year after the retirement of the first executive director and the primacy of COVID with virtually everyone.

The 4 members of RFSNY in New York City have each been awarded funding through the NYC city council of \$400,000 annually to enhance their harm reduction services and continue advocacy work for the safer injection facilities. Obviously, as Ithaca falls far outside NYC we were not included in this largesse. If anything, COVID has only clarified that these types of programs are even more critical. But to answer your question directly, no, not a great deal of progress has been made. STAP [Southern Tier Aids Program] is the 5th member of RFSNY and the only upstate member and certainly [is] strongly advocating to open a safer injection facility in Ithaca."

I believe it is appropriate for us as public health officials to push for funding to come to STAP as the lead agency for a SIF in this region. I know from past communication that upstate legislators need accurate information on this subject to help change their minds about implementing SIFs. Philadelphia has been close to starting a SIF. They seem to have fallen

down due to not doing properly the crucial spade work of community relations. We cannot fail in that regard in our region if we hope to save lives and get more people into treatment and, hopefully, remission from their disease.

SARS-COV-2

If we continue our marathon metaphor we would be in mile 10 to 11 now of our 26-mile run. Whether the **vaccine** announcements of the past 3 weeks will transport us to mile 18 cannot be determined. Certainly, the data so far released on Moderna and Pfizer mRNA vaccines is not only encouraging but may represent a paradigm shift since this is the furthest mRNA technology has gotten to producing a vaccine that will be in use.

Much remains to be done, however. AS of this writing no peer review has been completed regarding the data and safety trials have not completed their course. Then if an Emergency Use Authorization (EUA) is granted It will remain to be discovered what issues may be revealed by the vaccines' use in millions of people.

Public acceptance will be bolstered by NYSDOH publicizing its independent evaluations of the vaccines (although Dr Fauci has expressed the opinion that states should not undertake this task) and by independent professional organizations expressing their assessments. It will not be enough for the FDA and the CDC (nor even the Advisory Committee on Immunization Practices (ACIP) which advises the CDC) to come forth with their assessments. Too much has happened that has sullied the FDA's and CDC's reputation.

Much remains to be learned about the efficacy of the vaccines. Such as:

Duration of immunity

Need for booster doses

Relative success in various segments of our population (age, pre-existing conditions, etc.)

Whether one vaccine may be more efficacious in a target group than another

Whether someone immunized sheds virus when the wild virus is encountered and is thus contagious for a while

Time of onset of any immunity

Ultimately the role of PPE, social distancing, etc. etc. in immunized people

And the ultimate question, how soon may we change our public health measures

Planning is in process with a local planning group trying to anticipate what the feds, and the state will likely bring forth as a plan. One thing seems clear and that is that nursing home residents and high-risk healthcare staff will be eligible in the first phase of vaccination. The vaccine with the most difficult to achieve cold chain requirements will likely be delivered in locations where sufficient numbers of people can be vaccinated and the cold chain maintained.

The ACIP met on Tuesday 12/1 to begin planning the deployment of the vaccines and the target groups for each phase. That same day our local planning group met to plan our local response.

Healthcare workers (HCWers) are most assuredly the first group to receive the vaccine. Front line community HCWers encounter some of the most contagious COVID patients. These include people at sampling sites and primary care practitioners and staff who must encounter people in person. The NY TIMES article reviewed above reiterates the fact that to reduce risk use telehealth wherever possible. But, sometimes that in-person visit is necessary. In hospital staff treating the most severely ill may be also at similar risk due to the prolonged shedding of live virus thought to occur in the severely ill and immune compromised. Other practitioners find it more feasible to screen or even test patients prior to any in-person care and, thus, lower their risk. Our targeting of which healthcare workers to vaccinate first should be informed by such information. We may well find doses of vaccines in short supply initially.

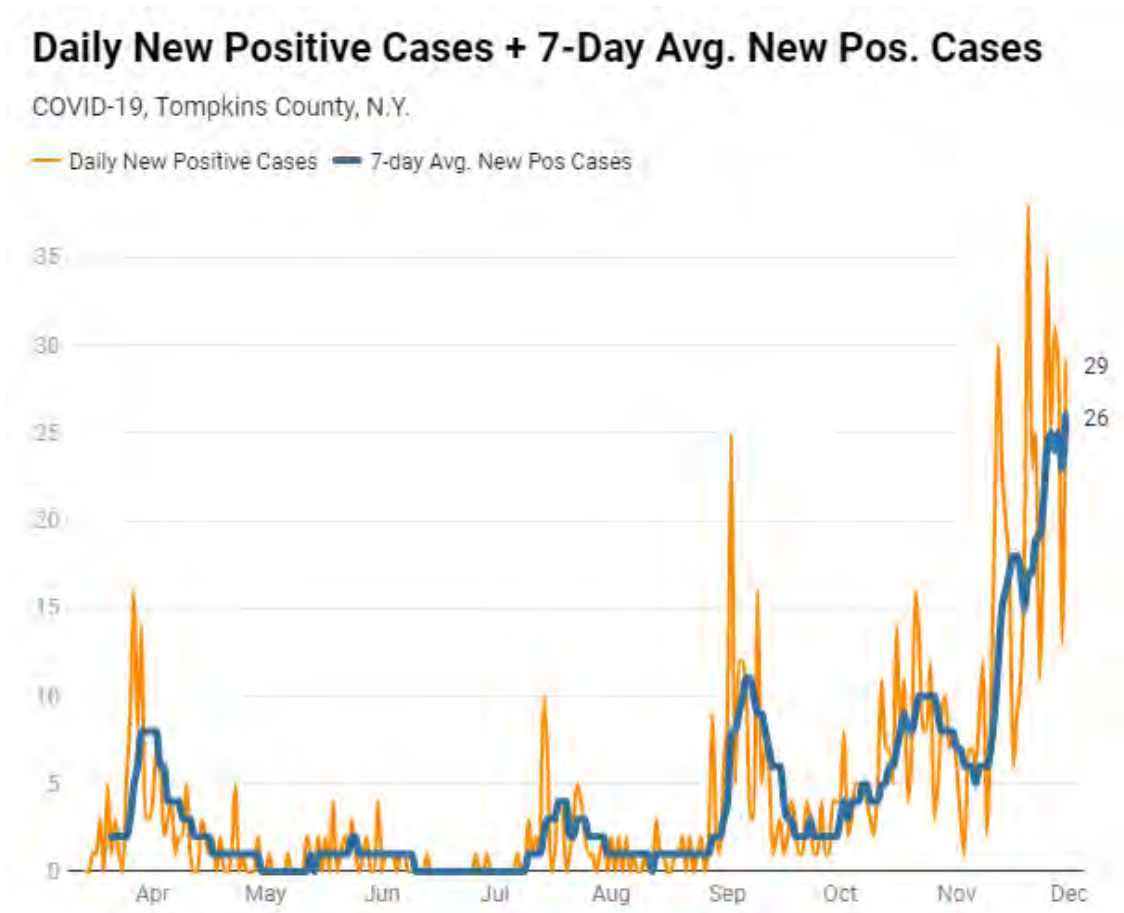
We now have 3 vaccines likely to become approved for use. As we progress to them being released it is good to see this announcement in Morbidity Mortality Weekly Reports which increases the transparency of the approval process.

The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020

Early Release / November 23, 2020 / 69

https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e3.htm?s_cid=mm6947e3_e&ACSTrackingID=USCDC_921-DM43026&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2069%2C%20November%2023%2C%202020&deliveryName=USCDC_921-DM43026

Local Data as of 12/1/20



Over the Thanksgiving holiday a significant rise in cases occurred and 3 deaths of our residents.

The latter came from infections at Oakhill Manor nursing home where (as of this writing) 39 Oak Hill Manor residents and 13 staff members have tested positive for COVID-19. The disease is believed to have been introduced by a staff member (as is usually the case).

We have had two cases in practitioners in a local practice and another practicing at an outpatient office with outbreaks that may be arising to clusters in employees as several businesses. A few in travelers who came here for Thanksgiving and one in a person who did not wait for testing before flying (they were informed of their positive result while they were on the plane!). Counsel our patients in light of these experiences.

A note on nursing homes – cases arising and spreading in nursing homes are handled by New York State epidemiology and not by TCHD. They have been extremely challenged by the general surge in cases in the state. We have had some trouble being notified by NYS of nursing home cases and by the homes of cases arising in them.

About hospital cases: we currently have more TC residents in hospital than in the past. However, many of these are incidental findings. They are people being admitted for other reasons and on routine testing are found to be PCR positive. So, things are not as bad there as might appear. In addition, some facilities (like Hospicare) are unable to manage COVID positive people and those persons will need to be in hospital.

TCHD follows post hospital patients until their isolation ends (in most cases when severe covid illness occurred that is for 20 days). We contact them daily and reinforce the need to maintain isolation and, if the patient reports new or worsening symptoms, to contact their physician or, if urgent, present to the ED.

We still see cases and clusters related to sports.

Age range of cases in the past week is from 9 months to 9+ years.

A few lessons learned about cases arising in *staff* in practitioner offices:

In one instance it was misconstrued that face coverings could be used by staff in an office instead of medical grade face masks. Guidelines from NYSDOH mandate medical grade masks.

If a practitioner has a case in their home and, thus, must quarantine they still may work provided they use appropriate PPE and follow NYSDOH guidelines.

Most exposures in offices amongst staff occur in the lunch or break areas. Stagger people so they are not in the same place at the same time with masks off and ensure adequate ventilation.

If an exposure in the office to a COVID positive person is not deemed to be a significant healthcare worker exposure the practitioner is not required to quarantine at home. CDC states that if both people are wearing masks in a healthcare setting (or other levels of PPE depending on the situation and care giving activity) then quarantine is not required.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Time is of the essence

The NY Times reported on Monday 11/30/20 on a meta-analysis of 79 SARS-COV-2 studies. The study points to a *possibility* that most COVID cases are contagious for about 7 days and contrasts that with our isolation period of 10 days. It further says that some people may be contagious up to and including 9 days. Only a few of the studies looked at actually focused on live virus. It poses the question of whether more people would be compliant with isolation if it were for 7 days. That does not seem to be the TCHD experience. In general, people who are going to take isolation seriously do so. Those who are not do not.

The study reiterated that some people can be contagious longer (essentially those with severe illness or immunocompromised states).

The bottom line is that the major concern for people who are in isolation is whether when released they can be with family/loved ones/ friends and can say confidently they are not contagious. That determination is TCHD's responsibility and it is the sine qua non for what and how we do what we do.

The main message of this meta-analysis is, in my view, to point out an area for future prospective studies to focus on. It also confirmed that the window of opportunity to control the spread is limited. Thus, people should immediately go into isolation at the first thought they need to be tested and /or they have symptoms and remain so until counseled after test results are back. They should not wait to do so for test results or until the actual sampling is done. A common misconception is that people are not contagious if they are not more seriously ill. We know this is not true and, in fact, up to 40% of people are asymptotically infected individuals who are very contagious.

You may be asked about this study. Please assure people that when we release them from isolation we can state confidently that it would be extremely rare for them to be contagious. They can be with loved ones without fear.

Higher Education, Thanksgiving, students leaving, returning and coming

Thanksgiving is now history. All that is left is to see the impact gatherings and travel will have on our case count and disease burden.

Students did leave but 500 CU students will come back to live on campus and an additional 40% of CU students will return or continue to live in our community. CU will continue daily monitoring and surveillance testing as they continue in remote learning mode. IC students will remain on remote learning as before.

Definitions

Isolation – the restriction of contact with others of persons who have or are thought highly likely to have the disease and are thought to be contagious

Quarantine – the restriction of contact with others for the duration of the incubation period of the disease of persons who may become contagious and who have had an exposure but are not symptomatic due to the disease.

The restrictions differ between the two states. For details see:

<https://tompkinscountyny.gov/health/factsheets/coronavirusfaq#quarantine>

<https://tompkinscountyny.gov/health/factsheets/coronavirusfaq#isolation>

Mental Health

COVID has increased the mental health needs of our population. The Tompkins County Mental Health department states that the best way to link a person to services is for a referral to be sent to them and the client to call Mental Health (this done to ensure client is engaged with the idea of receiving services) – usually the reason for a patient not receiving services is them not calling – not a problem with Mental Health’s intake process. They are usually able to schedule the first appointment within a week of the client calling them.

New Therapeutic option

Immunotherapy and other treatments continue to be evaluated. The data remains soft so far. Certainly, no *highly* efficacious treatment has emerged so far. And we continue to be plagued by shortages in supplies of them and high costs.

One that has gained an Emergency Use Authorization (EUA) recently is Bamlanivimab – abstracted from Eli Lilly <http://pi.lilly.com/eua/bamlanivimab-eua-factsheet-hcp.pdf>

This EUA has been granted for the use of the unapproved product Bamlanivimab for the treatment of mild to moderate† COVID-19 in adults and pediatric patients with positive results of direct SARS-CoV-2 viral testing who are 12 years and older weighing at least 40 kg, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

High risk is defined as patients who meet at least one of the following criteria:

- Have a body mass index (BMI) ≥ 35 • Have chronic kidney disease • Have diabetes
- Have immunosuppressive disease • Are currently receiving immunosuppressive treatment
- Are ≥ 65 years of age
- Are ≥ 55 years of age AND have o cardiovascular disease, OR o hypertension, OR o chronic obstructive pulmonary disease/other chronic respiratory disease.
- Are 12 – 17 years of age AND have o BMI ≥ 85 th percentile for their age and gender based on CDC growth charts, https://www.cdc.gov/growthcharts/clinical_charts.htm, OR o sickle cell disease, OR congenital or acquired heart disease, OR o neurodevelopmental disorders, for example, cerebral palsy, OR a medical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), OR asthma, reactive airway or other chronic respiratory disease that requires daily medication for control.

Limitations of Benefit in Patients with Severe COVID-19

Benefit of treatment with Bamlanivimab has not been observed in patients hospitalized due to COVID-19. Monoclonal antibodies, such as Bamlanivimab, may be associated with worse clinical outcomes when administered to hospitalized patients with COVID-19 requiring high flow oxygen or mechanical ventilation. Therefore, Bamlanivimab is not authorized for use in patients:

Appropriate patients are most likely to be identified by nursing homes, primary care practitioners, and urgent care facilities. **Supply is very limited.** Current supply resides at Cayuga Medical Center which reports only 10 doses. Release of any of these doses needs to be done with careful review to achieve benefit.

Lily has committed to a million doses by year's end with allocation by the feds to states and then by state health authorities to individual infusion sites of care.

Q. What's the difference between vaccines and monoclonal antibody drugs?

A. While there are some similarities, here's how they are different:

Monoclonal antibody drugs, like Bamlanivimab, provide passive immunity by giving the body antibodies to protect itself. Vaccines provide active immunity by helping the body make its own antibodies to protect itself.

Monoclonal antibody drugs are designed to start working faster than vaccines, while protection provided by vaccines will generally last longer.

Generally, scientists are able to develop antibody treatments faster than they are able to develop vaccines.

Shortages of PPE and other essential supplies have been exacerbated by the national rise in cases. As vaccines begin to be used we can expect similar stories to emerge in equipment needed for vaccination. Injection and storage supplies come to mind. The effort to mount an effective swift immunization campaign is on par with the effort needed for testing at which we have not done well.

Testing

A free-standing sample collection site has been opened at 412 N Tioga street in a building that was once a dental/orthodontia office. This walk-in requires an appointment and registration before arriving and does saliva testing only. Note that for saliva testing special requirements pertain. For example, a person must not eat or drink for 30 minutes before sample collection. Results are available to patient and practitioner in the same manner as for the Mall site.

Travel

What about Previously positive persons who travel out of state to a non-contiguous state? Do they need to quarantine or to be tested? How should a practitioner advise them?

Our determination is:

persons previously positive for COVID-19 within 90 days of their return to NYS do not need to quarantine on return to NYS nor do they need to be tested before returning or after returning provided they do not develop any highly suspicious symptoms.

They should be advised to use all applicable preventive precautions appropriately (face coverings, distancing etc. etc.).

They should not presume that they are 100% protected by being previously COVID positive. Re- infection is uncommon but has happened (it is felt to be more likely the longer it has been since the initial infection).

In addition, they should avoid exposure to Covid-19 infected persons just like anyone else should.

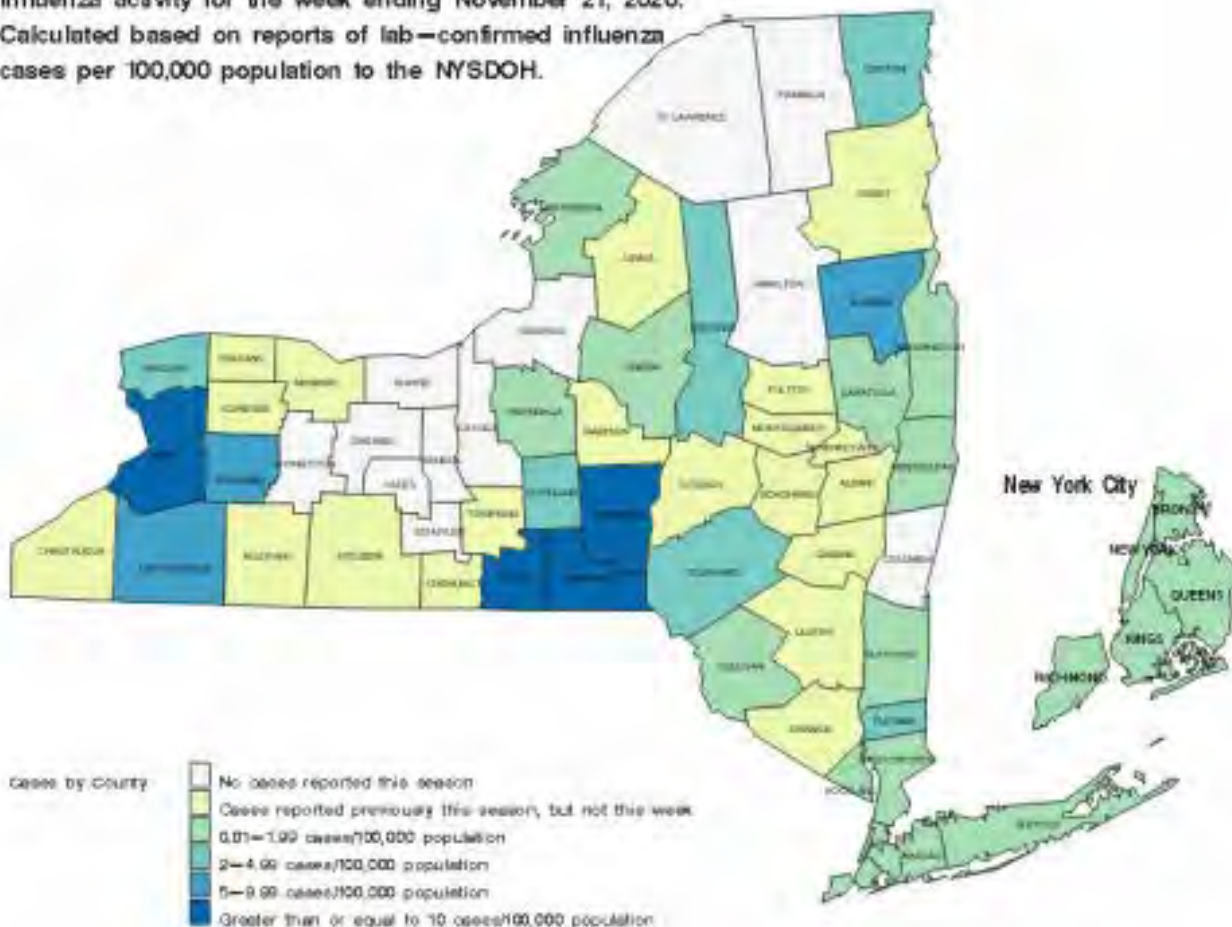
So, if a traveler remains well and is not outside of the 90days, they may travel and not be subject to quarantine or the testing protocol outlined in the current NYS travel advisory. Should they return after the 90 days expired they would be subject to all applicable advisory directives.

<https://coronavirus.health.ny.gov/covid-19-travel-advisory#restricted-states>

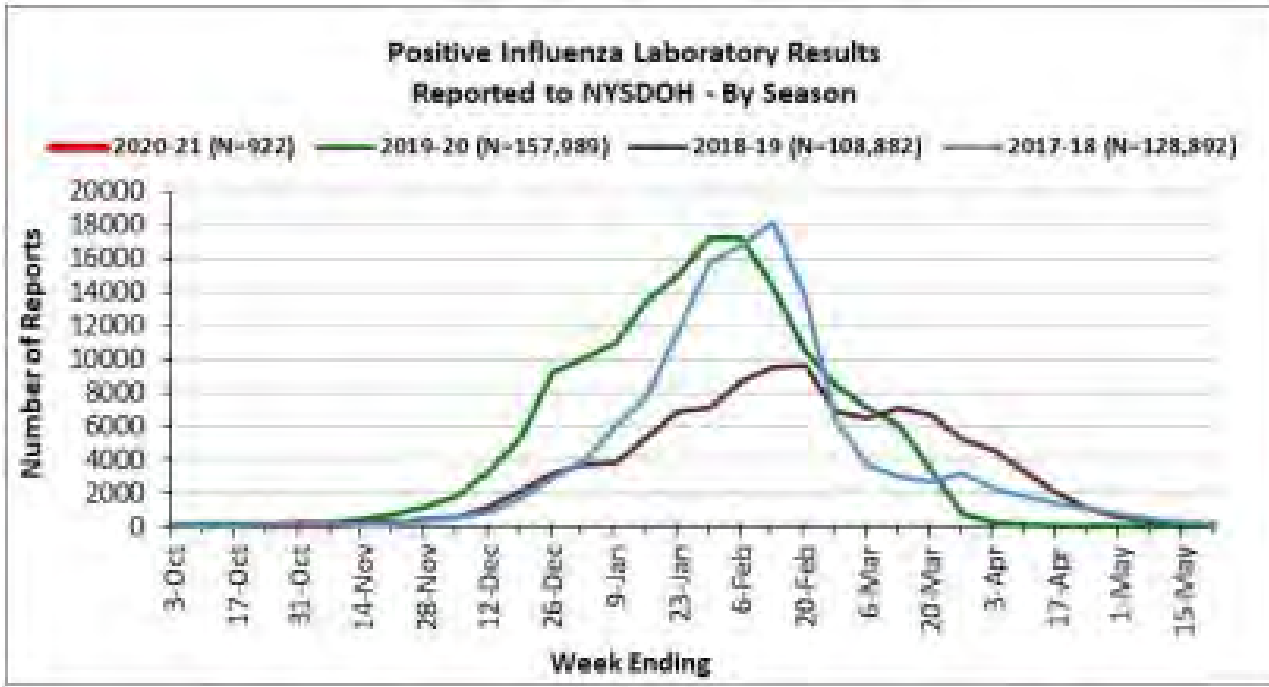
Influenza status to date

Activity is reported as “regional” up from “sporadic” the county map is as follows:

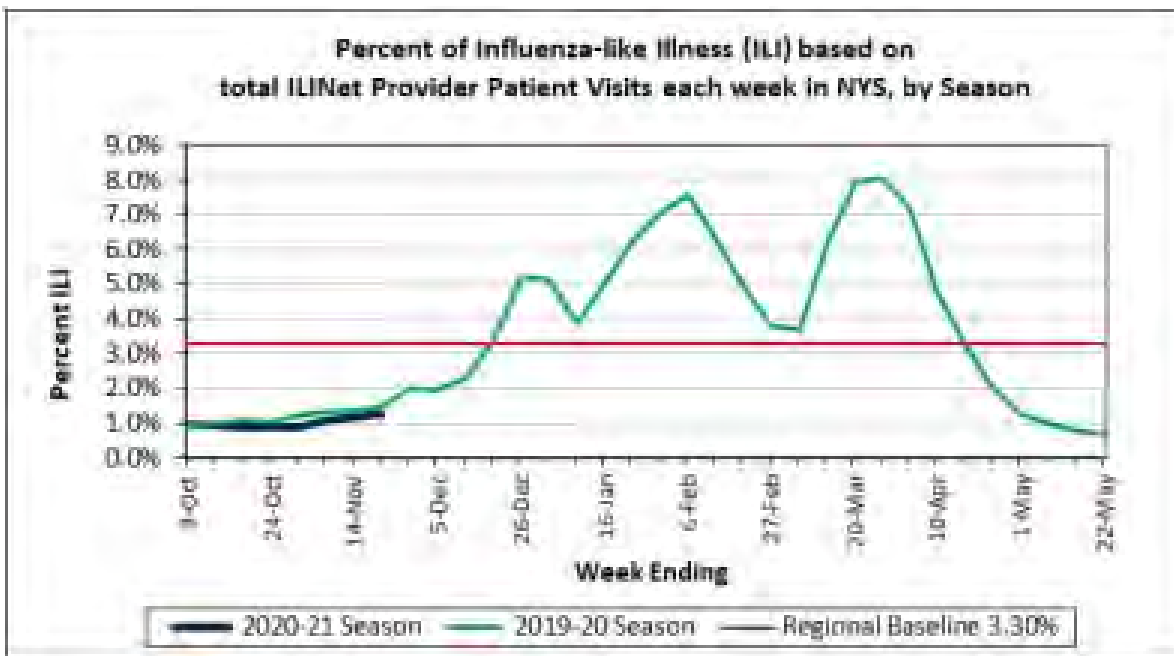
Influenza activity for the week ending November 21, 2020.
Calculated based on reports of lab-confirmed influenza cases per 100,000 population to the NYSDOH.



So far, the influenza season seems to be mimicking past seasons. As far as laboratory confirmed results are concerned. Since COVID mimics influenza so well clinically the reporting by sentinel physicians of cases consistent with Influenza is going to be affected by cases that are really COVID. NYSDOH has no way to correct that clinical data for the 2020-21 season. Such an issue will affect our own monitoring of Covid Like Illness as we go forward. It remains to be seen if the use of PPE and precautionary measures will limit the spread of influenza this year.



Still no red flags are appearing



end

December 2020 BOH Report

Community Health Services

By Melissa Gatch, Supervising Community Health Nurse

Communicable Disease:

- **COVID-19:** Throughout the months of October and November, COVID-19 response continued to be the primary activity involving case investigations, contact tracing, daily phone calls with cases during their isolation period, and daily call/texts of persons on mandatory quarantine. Cases from higher education have decreased and we are seeing cases from the community in multiple settings. Response activity operations continued 7 days per week utilizing staff from multiple divisions within the department and additional staff from other county departments to assist in our efforts.
- **Hepatitis A:** During the months of October and November, there were 5 reported cases of Hepatitis A. Case #1: A 47-year old male, with symptom onset 10/18/2020. He was admitted to local hospital for a short stay; subsequently released to home. Case #2: A 22-year old male, with symptom onset 10/23/2020. He was admitted to local hospital for a short stay, subsequently released to home. Case #3: A 37-year old male, with symptom onset 11/1/2020. He was in the ER for one day, left AMA. Case #4: A 24-year old female, with symptom onset early November. She is the partner of the 37-year old male. The case was in the ER for a 24-hour observation, and left AMA. Previously to this, she had received a Hepatitis A vaccine for PEP on 11/9. Case #5: A 27-year old female, with symptom onset 11/12/2020. This case came to Tompkins County Health Department as a transfer. The initial investigation was completed by another health department. The first four cases are connected to the same living environment. The four cases are involved with substance abuse and they all have another underlying morbidity of Hepatitis C, (chronic status). Close contacts were identified, and Hep A vaccinations were offered and provided by their primary care provider.

Maternal Child and SafeCare Programs:

- Community Health Nurses have not been able to provide Maternal Child and SafeCare telehealth visits during October and November due to COVID-19 response activities.

Immunization Clinics:

- Immunization clinics continued to be suspended during October and November due to the COVID-19 response. CHS staff continue to refer children needing VFC vaccinations to family physicians and pediatricians in Tompkins County who have agreed to provide vaccinations to children who would typically have been seen in our clinics.

Lead Poisoning Prevention- (13 ongoing cases and 2 new cases)

- Lead nurse Gail Birnbaum is providing care coordination to 15 children with elevated Blood Lead Levels (BLL's); this included two new cases in October. The first case was in a one year old with a BLL of 15.9 mcg/dL on 9/29/20 with a repeat BLL due in one month. The second case was in a one year old with a BLL of 8.0 mcg/dL on 10/2/20 with a repeat BLL due in 3 months. Initial education was provided over the phone by the lead nurse with EH staff scheduling home visits for assessment of the home environment to determine possible cause of lead exposure. Cases are followed to ensure repeat testing is done as ordered and BLL's are decreasing. Discharge from lead case management will occur when two venous BLL's are less than 5mcg/dL drawn 3 months apart.

Tuberculosis-

No active TB cases currently. One case was discharged at the end of September.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 02NOV20
 Rates are defined as: Cases/100,000 population/Month

County=TOMPKINS Month=October

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
ANAPLASMOSIS**	2	23.3	0	0.0	1	11.7	0	0.0	0	0.0
CAMPYLOBACTERIOSIS**	1	11.7	0	0.0	0	0.0	3	35.0	1	11.7
CHIKUNGUNYA**	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
COVID-19	171	1996.2	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	0	0.0	1	11.7	2	23.3	1	11.7	1	11.7
ECOLI SHIGA TOXIN**	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
GIARDIASIS	2	23.3	2	23.3	1	11.7	1	11.7	1	11.7
HEPATITIS A	1	11.7	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	0	0.0	1	11.7	1	11.7	2	23.3	1	11.7
HEPATITIS C,ACUTE**	1	11.7	0	0.0	1	11.7	1	11.7	1	11.7
HEPATITIS C,CHRONIC**	2	23.3	4	46.7	7	81.7	9	105.1	7	81.7
INFLUENZA A, LAB CONFIRMED	0	0.0	1	11.7	1	11.7	1	11.7	1	11.7
INFLUENZA B, LAB CONFIRMED	2	23.3	1	11.7	1	11.7	0	0.0	1	11.7
LEGIONELLOSIS	0	0.0	0	0.0	0	0.0	1	11.7	0	0.0
LYME DISEASE** ****	4	46.7	5	58.4	2	23.3	3	35.0	3	35.0
MENINGITIS, ASEPTIC	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
PERTUSSIS**	0	0.0	0	0.0	0	0.0	2	23.3	1	11.7

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
SALMONELLOSIS**	0	0.0	0	0.0	3	35.0	0	0.0	1	11.7
SHIGELLOSIS**	0	0.0	0	0.0	1	11.7	0	0.0	0	0.0
STREP, GROUP B INVASIVE	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
STREP PNEUMONIAE, INVASIVE**	0	0.0	0	0.0	2	23.3	1	11.7	1	11.7
TUBERCULOSIS***	0	0.0	2	23.3	1	11.7	1	11.7	1	11.7
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	0	0.0	0	0.0	2	23.3	1	11.7
SYPHILIS TOTAL.....	1	11.7	2	23.3	1	11.7	0	0.0	1	11.7
- P&S SYPHILIS	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
- EARLY LATENT	1	11.7	0	0.0	1	11.7	0	0.0	0	0.0
- LATE LATENT	0	0.0	1	11.7	0	0.0	0	0.0	0	0.0
GONORRHEA TOTAL.....	10	116.7	21	245.2	7	81.7	14	163.4	14	163.4
- GONORRHEA	10	116.7	21	245.2	7	81.7	14	163.4	14	163.4
CHLAMYDIA	39	455.3	65	758.8	33	385.2	43	502.0	47	548.7

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

**Confirmed and Probable cases counted

***Not official number

**** In 2017, 27 counties investigated a sample of positive laboratory results; in 2018, 30 counties sampled; in 2019, 33 counties sampled; in 2020, 36 counties sampled.

N.Y.S. Department of Health
 Division of Epidemiology
 Communicable Disease Monthly Report*, DATE: 02NOV20
Through October

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

County=TOMPKINS

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
AMEBIASIS	0	0.0	0	0.0	0	0.0	2	2.3	1	1.2
ANAPLASMOSIS**	23	26.9	8	9.3	6	7.0	5	5.8	6	7.0
BABESIOSIS**	8	9.3	3	3.5	1	1.2	1	1.2	2	2.3
CAMPYLOBACTERIOSIS**	15	17.5	24	28.0	23	26.9	23	26.9	23	26.9
CHIKUNGUNYA**	0	0.0	1	1.2	0	0.0	0	0.0	0	0.0
COVID-19	603	703.9	0	0.0	0	0.0	0	0.0	0	0.0
CRYPTOSPORIDIOSIS**	13	15.2	11	12.8	13	15.2	15	17.5	13	15.2
DENGUE FEVER**	0	0.0	0	0.0	0	0.0	1	1.2	0	0.0
ECOLI SHIGA TOXIN**	7	8.2	2	2.3	4	4.7	5	5.8	4	4.7
EHRlichiosis (CHAFEENSIS)**	1	1.2	1	1.2	0	0.0	2	2.3	1	1.2
EHRlichiosis (UNDETERMINED)**	0	0.0	1	1.2	0	0.0	0	0.0	0	0.0
ENCEPHALITIS, OTHER	0	0.0	1	1.2	2	2.3	3	3.5	2	2.3
ENCEPHALITIS, POST	0	0.0	0	0.0	1	1.2	1	1.2	1	1.2
GIARDIASIS	6	7.0	23	26.9	23	26.9	7	8.2	18	21.0
HAEMOPHILUS INFLUENZAE, NOT TYPE B	1	1.2	3	3.5	3	3.5	0	0.0	2	2.3
HEPATITIS A	7	8.2	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS B,CHRONIC**	6	7.0	5	5.8	10	11.7	23	26.9	13	15.2

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
HEPATITIS B,INFANT PERINATAL	1	1.2	0	0.0	0	0.0	0	0.0	0	0.0
HEPATITIS C,ACUTE**	4	4.7	4	4.7	4	4.7	4	4.7	4	4.7
HEPATITIS C,CHRONIC**	32	37.4	35	40.9	58	67.7	57	66.5	50	58.4
INFLUENZA A, LAB CONFIRMED	525	612.9	745	869.7	464	541.7	391	456.5	533	622.2
INFLUENZA B, LAB CONFIRMED	738	861.5	29	33.9	561	654.9	147	171.6	246	287.2
INFLUENZA UNSPECIFIED, LAB CONFIRMED	0	0.0	1	1.2	0	0.0	2	2.3	1	1.2
LEGIONELLOSIS	0	0.0	3	3.5	1	1.2	3	3.5	2	2.3
LISTERIOSIS	0	0.0	0	0.0	1	1.2	0	0.0	0	0.0
LYME DISEASE** ****	41	47.9	50	58.4	47	54.9	66	77.0	54	63.0
MALARIA	2	2.3	0	0.0	0	0.0	1	1.2	0	0.0
MENINGITIS, ASEPTIC	0	0.0	1	1.2	2	2.3	3	3.5	2	2.3
MUMPS**	0	0.0	0	0.0	2	2.3	0	0.0	1	1.2
PERTUSSIS**	1	1.2	6	7.0	12	14.0	11	12.8	10	11.7
ROCKY MTN SPOT FEVER**	0	0.0	0	0.0	0	0.0	1	1.2	0	0.0
SALMONELLOSIS**	6	7.0	7	8.2	21	24.5	8	9.3	12	14.0
S.PARATYPHI	0	0.0	0	0.0	1	1.2	0	0.0	0	0.0
SHIGELLOSIS**	0	0.0	0	0.0	2	2.3	0	0.0	1	1.2
STREP,GROUP A INVASIVE	2	2.3	3	3.5	4	4.7	2	2.3	3	3.5
STREP,GROUP B INVASIVE	2	2.3	7	8.2	5	5.8	4	4.7	5	5.8
STREP,GROUP B INV,EARLY/LATE ONSET	1	1.2	0	0.0	1	1.2	0	0.0	0	0.0

Disease	2020		2019		2018		2017		Ave (2017-2019)	
	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate	Freq	Rate
STREP PNEUMONIAE,INVASIVE**	5	5.8	3	3.5	6	7.0	5	5.8	5	5.8
TUBERCULOSIS***	2	2.3	3	3.5	4	4.7	3	3.5	3	3.5
TYPHOID FEVER	0	0.0	0	0.0	1	1.2	0	0.0	0	0.0
YERSINIOSIS**	0	0.0	2	2.3	1	1.2	0	0.0	1	1.2
ZIKA VIRUS (SYMPTOMATIC)**	0	0.0	0	0.0	0	0.0	3	3.5	1	1.2
SYPHILIS TOTAL.....	17	19.8	18	21.0	11	12.8	10	11.7	13	15.2
- P&S SYPHILIS	7	8.2	7	8.2	4	4.7	4	4.7	5	5.8
- EARLY LATENT	9	10.5	7	8.2	4	4.7	2	2.3	4	4.7
- LATE LATENT	1	1.2	4	4.7	3	3.5	4	4.7	4	4.7
GONORRHEA TOTAL.....	76	88.7	92	107.4	91	106.2	70	81.7	84	98.1
- GONORRHEA	75	87.6	92	107.4	90	105.1	70	81.7	84	98.1
- GONORRHEA,DISSEMINATED	1	1.2	0	0.0	1	1.2	0	0.0	0	0.0
CHLAMYDIA	307	358.4	418	488.0	369	430.8	358	417.9	382	445.9
CHLAMYDIA PID	0	0.0	0	0.0	1	1.2	1	1.2	1	1.2
OTHER VD	0	0.0	1	1.2	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 2017, 27 counties investigated a sample of positive laboratory results; in 2018, 30 counties sampled; in 2019, 33 counties sampled; in 2020, 36 counties sampled.

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

Children with Special Care Needs Highlights October 2020

Staff Activities

General overview of program work

- All CSCN staff participated in morning COVID 19 work. Two support staff removed from COVID 19 work at this time.
- All CSCN nurses and 2 full time support staff continue daily COVID 19 meeting, some COVID work assigned during the week, still covering weekends as assigned. CSCN Director included in this work.
- Staff attended All Staff Meeting on 10/23

Staff Training

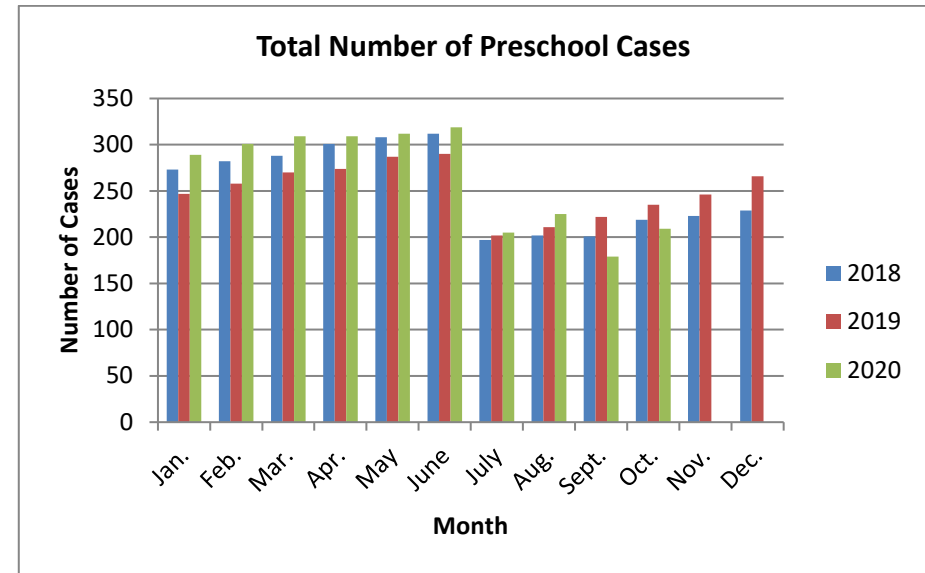
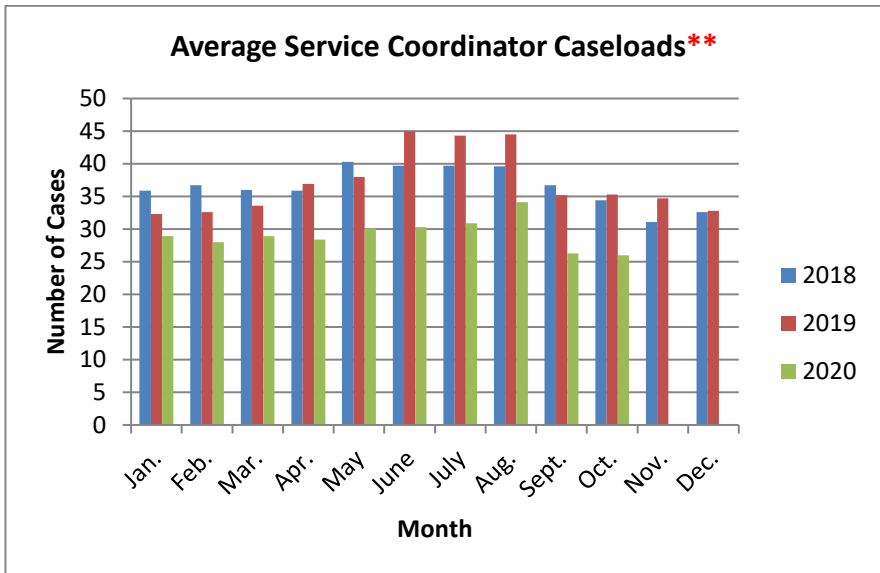
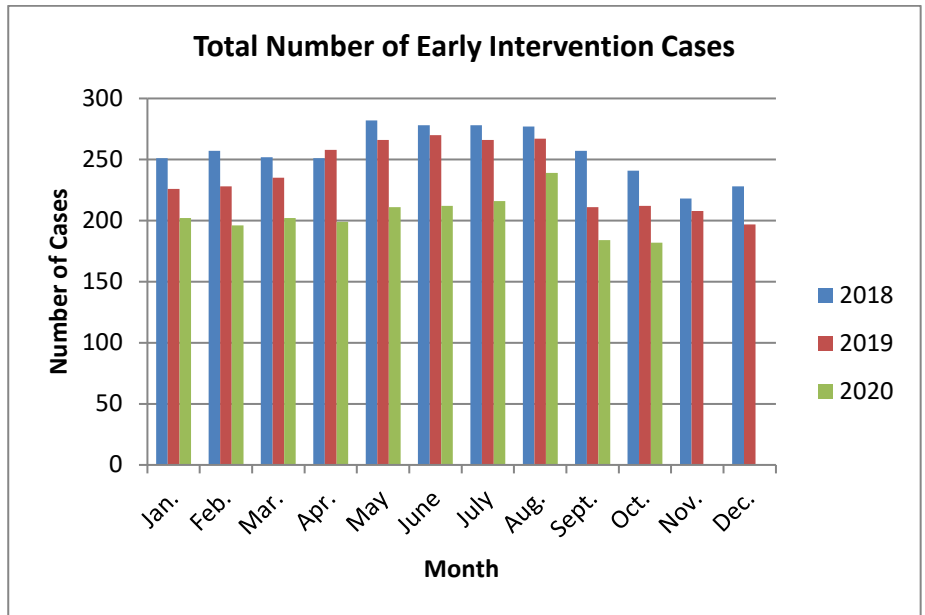
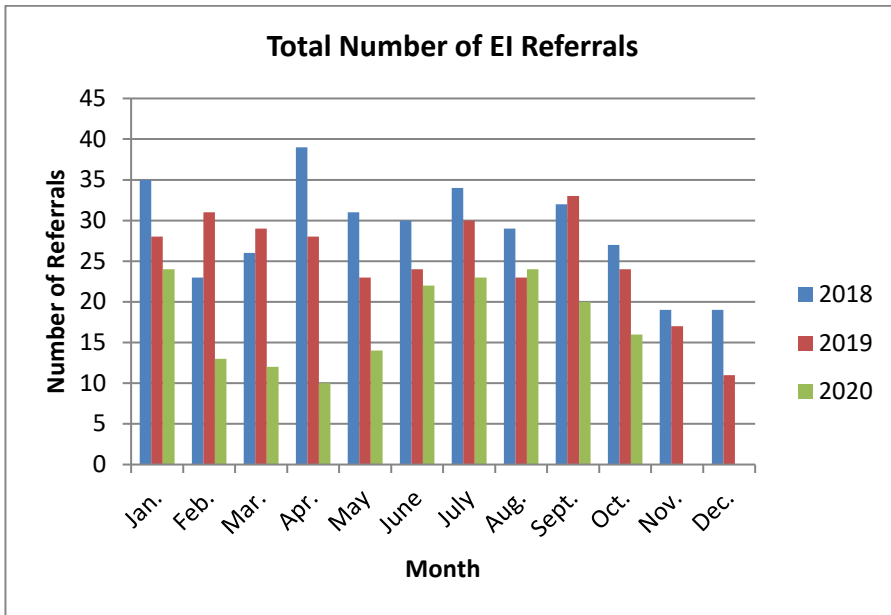
- Stephanie Sampson-Magill attended Basic Life Support on 10/30
- Capri Prentice and Barb Wright completed NY Preventing Sexual Harassment Training
- Margo Polikoff & Barb Wright participated in the NYS CYSHCN Webinar on 10/5/20
- Margo attended 'how to be a Better Ally Training I' on 10/7/20
- Margo attended 'How to be a Better Ally Training II' on 10/14/20
- Margo attended 'How to be a Better Ally Training III' on 10/21/20

Deb Thomas:

- Senior Leadership Meetings-Debrief meetings every Thursday to review current COVID 19 work and Program work.
- Attended COVID morning meetings with staff
- BOH meeting 10/27/2020
- Met with CHS management for hiring a Sr Community Health Nurse
- Senior Leadership Retreat 10/13/2020
- COVID work planning meeting with Frank Kruppa and CHS managers 10/27/2020
- All Staff meeting 10/23/2020
- NYS DOH Bureau of Early Intervention All County Conference Call 10/29/20

**Daily COVID work continues with the CSCN nurses (2 assigned daily but often more is needed), CSCN Director and 2 support staff.

Statistics Based on Calendar Year



**** Average Service Coordinator Caseloads showing decrease due to increase in fully oriented Ongoing Service Coordinators, until June 2019 when we experienced staff retirement and leave.**

**Children with Special Care Needs Division
Statistical Highlights 2020**

EARLY INTERVENTION PROGRAM

Number of Program Referrals	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
Initial Concern/reason for referral:														
-- DSS Founded Case				1			2		1	2			6	10
-- Gestational Age													0	2
-- Gestational Age/Gross Motor													0	0
-- Global Delays									1				1	1
-- Hearing													0	2
-- Physical														
-- Feeding	1	3	1			2	1		1	1			10	17
-- Feeding & Gross Motor													0	4
-- Feeding & Social Emotional													0	1
-- Gross Motor	3	1	1	2	3	6	3	4	2	2			27	55
-- Gross Motor & Feeding													0	2
-- Gross Motor & Fine Motor													0	1
-- Fine Motor													0	1
-- Social Emotional	2	1								1			4	13
-- Social Emotional & Adaptive							1						1	0
-- Speech	13	7	8	5	7	13	11	15	12	7			98	164
-- Speech & Cognitive										1			1	0
-- Speech & Feeding										1			1	2
-- Speech & Fine Motor													0	1
-- Speech & Gross Motor	4				2	1	3	3		1			14	11
-- Speech & Sensory													0	0
-- Speech & Social Emotional	1			1					2				4	4
-- Speech, Feeding & Gross Motor		1					1						2	0
-- Adaptive													0	0
-- Adaptive/Sensory				1									1	1
-- Adaptive/Fine Motor													0	0
-- Qualifying Congenital / Medical Diagnosis			1	1	2		1	1	1				7	6
-- Other -- Birth Trauma													0	2
-- Maternal Drug Use								1					1	1
Total Number of Early Intervention Referrals	24	13	12	10	14	22	23	24	20	16	0	0	178	301

Caseloads														
Total # of clients qualified and receiving svcs	176	186	186	189	199	197	192	221	164	165				
Total # of clients pending intake/qualification	26	10	16	10	12	15	24	24	20	17				
Total # qualified and pending	202	196	202	199	211	212	216	239	184	182				
Average # of Cases per Service Coordinator	28.9	28.0	28.9	28.4	30.1	30.3	30.9	34.1	26.3	26.0	0.0	0.0		

**Children with Special Care Needs Division
Statistical Highlights 2020**

EARLY INTERVENTION PROGRAM

Family/Client visits	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
-- Intake visits	21	15	11	10	11	18	19	25	15	17				282
-- IFSP Meetings	26	33	20	28	36	27	37	26	24	21				424
-- Amendments	15	18	12	3	2	1	10	11	14	6				203
-- Core Evaluations	17	19	9	5	10	15	16	19	18	16				237
-- Supplemental Evaluations	3	6	6	2	2	3	2	0	1	0				54
-- EIOD visits	8	6	2	0	2	1	0	0	0	0				13
-- Observation Visits	43	45	26	0	4	38	26	16	19	20				518
-- CPSE meetings	6	9	0	1	3	2	4	7	10	0				78
-- Family Training/Team Meetings	0	3	1	0	0	0	0	0	0	0				16
-- Transition meetings	4	22	18	2	3	2	3	8	17	2				115
-- Other Visits	3	3	0	0	0	0	8	7	1	0				11
IFSPs and Amendments														
# of Individualized Family Service Plans Completed	26	33	16	28	36	27	37	26	24	29				418
# of Amendments to IFSPs Completed	17	19	14	7	15	21	19	14	17	9				254
Services and Evaluations Pending & Completed														
Children with Services Pending														
-- Feeding	1	3	2	2	2	2	3	0	0	0				
-- Nutrition	0	0	0	0	0	0	0	0	0	0				
-- Occupational Therapy	3	0	1	0	0	0	1	0	0	0				
-- Physical Therapy	2	3	4	0	4	4	3	4	5	8				
-- Social Work	0	0	0	0	0	0	0	0	0	0				
-- Special Education	3	3	0	1	1	2	0	0	0	0				
-- Speech Therapy	3	7	7	7	6	3	4	1	1	3				
# of Supplemental Evaluations Pending	24	23	10	25	23	22	9	3	10	7	0	0		
Type:														
-- Audiological	1	5	1	5	9	4	1	1	4	0				
-- Developmental Pediatrician	5	7	4	5	0	5	0	0	1	1				
-- Diagnostic Psychological	6	0	0	0	0	0	0	0	2	0				
-- Feeding	3	2	1	1	1	5	2	1	1	0				
-- Physical Therapy	2	1	2	1	1	1	0	0	0	1				
-- Speech	3	2	3	6	6	5	4	1	2	4				
-- Occupational Therapy	4	6	6	7	6	2	1	0	0	1				
-- Other	0	0	0	0	0	0	1	0	0	0				

**Children with Special Care Needs Division
Statistical Highlights 2020**

EARLY INTERVENTION PROGRAM

Early Intervention Discharges	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
-- To CPSE	5	0	0	0	2	0	1	36	4	3			51	87
-- Aged out	1	1	0	0	1	2	0	10	4	2			21	14
-- Declined	5	0	2	0	5	4	6	2	7	2			33	46
-- Skilled out	1	0	0	2	0	1	0	1	0	1			6	37
-- Moved	1	0	3	1	4	6	3	2	0	1			21	24
-- Not Eligible	4	7	6	2	4	6	5	6	4	9			53	92
-- Other	0	1	0	0	3	0	4	5	0	2			15	14
Total Number of Discharges	17	9	11	5	19	19	19	62	19	20	0	0	200	314
Child Find														
Total # of Referrals	1	0	0	1	2	1	0	0	0	0			5	4
Total # of Children in Child Find	1	1	1	2	4	4	2	2	2	2				
Total # Transferred to Early Intervention	1	0	0	0	0	0	0	0	0	0			1	0
Total # of Discharges	6	0	0	0	0	1	2	0	0	0			9	9

**Children with Special Care Needs Division
Statistical Highlights 2020**

PRESCHOOL SPECIAL EDUCATION PROGRAM

Clients Qualified and Receiving Services	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
Children per School District														
-- Ithaca	139	143	144	144	148	149	110	111	83	99				
-- Dryden	57	60	62	63	62	65	43	46	41	46				
-- Groton	31	32	34	33	33	34	23	23	31	32				
-- Homer	1	1	1	1	1	1	1	1	1	1				
-- Lansing	22	23	23	23	24	24	5	17	11	14				
-- Newfield	28	28	30	30	30	30	18	17	7	8				
-- Trumansburg	10	13	14	14	13	15	5	10	4	8				
-- Spencer VanEtten	0	0	0	0	0	0	0	0	1	1				
-- Newark Valley	1	1	1	1	1	1	0	0	0	0				
-- Odessa-Montour	0	0	0	0	0	0	0	0	0	0				
-- Candor	0	0	0	0	0	0	0	0	0	0				
-- Moravia	0	0	0	0	0	0	0	0	0	0				
-- Cortland	0	0	0	0	0	0	0	0	0	0				
Total # of Qualified and Receiving Services	289	301	309	309	312	319	205	225	179	209	0	0		

Services Provided	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec		
Services /Authorized by Discipline														
-- Speech Therapy (individual)	175	178	189	188	188	190	96	110	107	129				
-- Speech Therapy (group)	20	20	23	21	19	18	2	3	6	7				
-- Occupational Therapy (individual)	69	77	80	78	76	77	52	58	29	39				
-- Occupational Therapy (group)	1	1	0	0	0	0	0	0	1	2				
-- Physical Therapy (individual)	29	29	34	33	34	32	25	27	16	20				
-- Physical Therapy (group)	0	0	2	2	2	2	0	0	0	0				
-- Transportation														
-- Birnie Bus	29	28	28	27	26	26	20	23	20	24				
-- Dryden Central School District	4	6	6	6	6	6	0	0	7	7				
-- Ithaca City School District	41	39	39	39	40	40	35	33	21	25				
-- Parent	14	11	11	11	11	11	2	4	5	6				
-- Service Coordination	31	32	34	34	32	33	22	22	20	22				
-- Counseling (individual)	57	54	65	63	63	68	43	47	30	36				
-- 1:1 (Tuition Program) Aide	6	7	6	6	6	6	4	6	2	0				
-- Special Education Itinerate Teacher	33	32	37	37	39	42	20	22	9	20				
-- Parent Counseling	27	29	31	31	32	39	23	26	18	24				
-- Program Aide	0	0	0	0	0	1	0	1	0	0				
-- Teaching Assistant	0	0	0	0	0	0	0	0	0	0				
-- Audiological Services	4	4	4	4	4	4	2	2	1	2				
-- Teacher of the Deaf	3	3	3	3	3	3	3	3	2	3				
-- Music Therapy	0	0	0	0	0	0	0	0	0	0				
-- Nutrition	5	5	5	5	6	8	3	4	1	5				
-- Skilled Nursing	0	0	0	0	0	0	0	0	0	0				
-- Interpreter	0	0	0	0	0	0	1	1	0	0				
Total # of children rcvg. home based related svcs.	204	218	226	227	229	236	142	160	125	145				

**Children with Special Care Needs Division
Statistical Highlights 2020**

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	2020 Totals	2019 Totals
-- Ithaca	45	44	44	44	46	46	37	37	22	28				
-- Dryden	43	23	23	23	22	22	12	13	17	19				
-- Groton	8	7	7	6	6	6	6	6	9	9				
-- Lansing	3	3	3	3	3	3	3	4	1	2				
-- Newfield	4	4	4	4	4	4	4	3	3	3				
-- Trumansburg	2	2	2	2	2	2	1	2	2	3				
-- Odessa-Montour	0	0	0	0	0	0	0	0	0	0				
-- Spencer VanEtten	0	0	0	0	0	0	0	0	0	0				
-- Moravia	0	0	0	0	0	0	0	0	0	0				
-- # attending Dryden Central School	8	8	8	8	8	8	0	0	7	7				
-- # attending Franziska Racker Centers	46	44	44	43	44	44	41	44	35	40				
-- # attending Ithaca City School District	31	31	31	31	31	31	22	21	12	17				
Total # attending Special Ed Integrated Tuition Progr.	85	83	83	82	83	83	63	65	54	64	0	0		

Municipal Representation Committee on Preschool Special Education	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Totals	2019 Totals
-- Ithaca	18	15	9	26	18	5	7	11	11	13			133	198
-- Candor	0	0	0	0	0	0	0	0	0	0			0	0
-- Dryden	6	5	5	7	6	21	0	19	6	10			85	77
-- Groton	6	1	1	1	11	1	2	4	2	2			31	25
-- Homer	0	0	0	0	0	0	0	0	0	0			0	1
-- Lansing	2	0	3	0	2	0	0	0	2	0			9	18
-- Newfield	3	0	0	0	4	2	0	1	0	1			11	24
-- Trumansburg	0	1	0	1	1	3	0	1	1	0			8	14

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

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ENVIRONMENTAL HEALTH HIGHLIGHTS

October 2020

Outreach and Division News:

EH COVID-19 Activities: Environmental Health continues to be a primary contact for NY Forward complaints both for general COVID inquiries and complaints and for our regulated facilities. Complaints about the lack of masks and social distancing at restaurants and other facilities dominated the complaints received during October. The Gyms and Fitness Center team continued to work with facilities that want to open, as well as responding to complaints. EH staff also worked with municipalities and similar entities on COVID-safe Halloween activities.

Justice Equity Division and Inclusion (JEDI): René Borgella and Cynthia Mosher are involved in the County's JEDI initiative. They participated in the Accessibility Subcommittee meeting on October 7 to discuss ways to identify technology challenges and to support JEDI work by colleagues. Some workforce members who are involved with JEDI do not have access to County computers, are not in offices, or have other barriers to participation in JEDI activities. Given our current CV-19 practices of holding virtual meetings, these obstacles impact these workforce member's ability to engage. This committee is both identifying and finding solutions to their issues. They also participated in the Tompkins County Diversity Statement Review and Revision meeting on October 7 and a JEDI team meeting on October 30.

Rabies Program: There were two confirmed cases of rabies in October 2020. Both cases were bats found in bedrooms while a person was sleeping and post-exposure treatment was initiated to those individuals potentially exposed.

The last drive-thru style rabies vaccination clinic for the year 2020 was held at the TCAT bus garage on Willow Avenue. Over 230 pets were vaccinated at this clinic, with the three drive-thru clinics vaccinating a total of 643 pets. Combined with the January 2020 rabies clinic, 775 pets were vaccinated in the year 2020. While this is 300-400 less than a normal year, it is still a substantial number of pets vaccinated and residents expressed gratitude and appreciation for the flexibility in Health Department planning during the COVID pandemic.

Human Resources: We are happy to welcome Public Health Sanitarian Joan Pike to Environmental Health. Joan brings a background in food service, clinical nutrition, and consulting to EH, and is bilingual or trilingual. Joan started with EH on November 2. She has completed contact tracing training and is also already assisting with responding to COVID complaints.

Training:

All EH staff received Kronos Workforce training on October 5.

Brenda Coyle, Liz Cameron, and Greg Potter (from ITS) participated in a virtual Accela Conference on October 6 and 7.

Boil Water Orders

New:

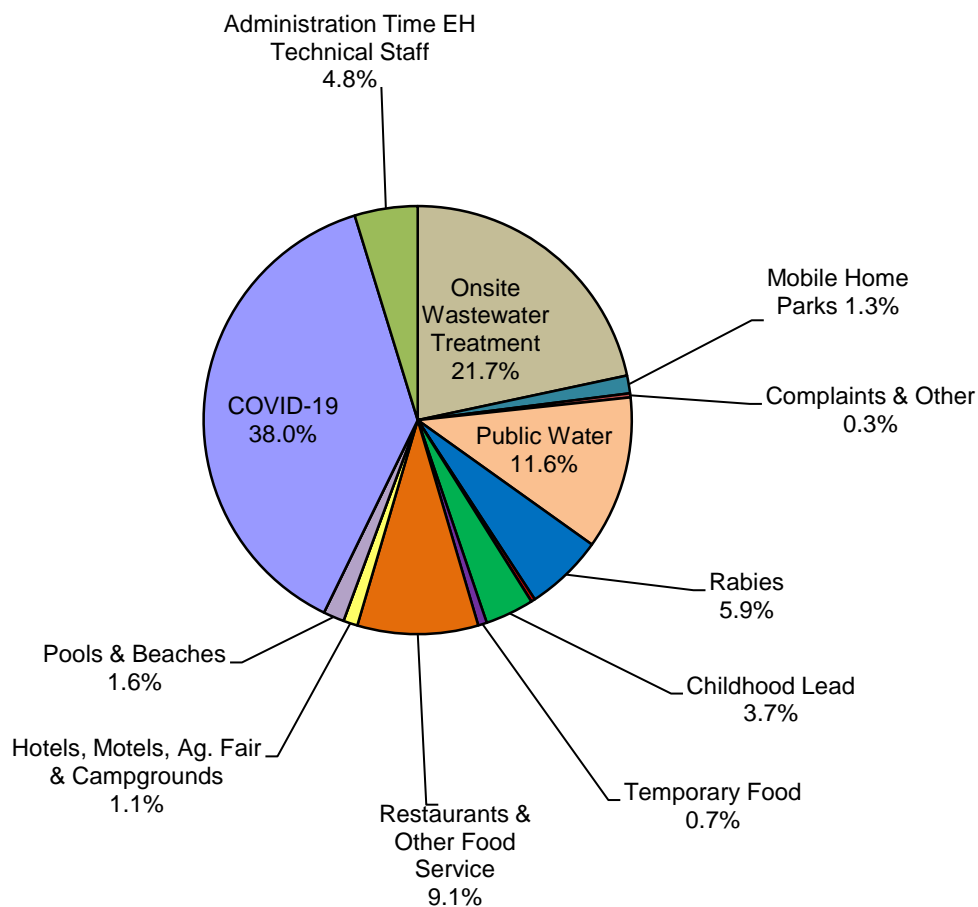
- A BWO was issued on 10/20 at Blue Waters Apartment, T-Dryden due to no chlorine residual observed by TCHD staff during an inspection. The owner has not been responsive to addressing the issue and enforcement action has been initiated.

Continuing:

- The BWO issued on 10/25/19 remains in effect for Hanshaw Village Mobile Home Park, T-Dryden. Engineering plans have been received and reviewed by TCHD to address treatment issues with the system. The park has been given a deadline of April 15th to complete the required modifications to the system to release the BWO. The boil water order will remain in effect until modifications have been made.
- The BWO issued on 4/23/20 remains in effect for TOSA Apts, T-Dryden. BOH Orders require an engineering report to be submitted by 5/15/20.

EH Programs Overview:

Staff Time in Environmental Health Programs - October 2020



**Division of Environmental Health
Summary of Activity (2020)**

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD	2019 Totals
FOOD PROTECTION PROGRAM - Restaurants & Other Food Service														
<i>Permitted Operations (540 Permitted Operations*)</i>														
Inspections & Site Visits**	54	87	37	0	0	6	15	31	38	34			302	1023
Critical Violations	6	30	13	0	0	0	0	2	9	9			69	328
Other Violations	17	36	17	0	0	3	13	15	30	22			153	389
Plans Approved	1	2	1	0	0	0	1	0	1	0			6	16
Complaint Investigations	2	3	1	0	0	0	3	3	0	1			13	38
<i>Temporary FSE (375 Estimated Operations)</i>														
Permits Issued	3	14	4	0	0	2	2	2	8	0			35	386
Inspections & Site Visits**	1	6	1	0	0	0	0	0	0	0			8	189
Critical Violations	0	4	1	0	0	0	0	0	0	0			5	86
Other Violations	0	0	0	0	0	0	0	0	0	0			0	28
MOBILE HOME PARKS (42 Permitted Operations, 2030 Lots*)														
Inspections & Site Visits**	3	0	0	0	0	0	0	0	0	0			3	25
Critical Violations	0	0	0	0	0	0	0	0	0	0			0	18
Other Violations	0	0	0	0	0	0	0	0	0	0			0	77
Complaint Investigations	0	0	0	0	0	0	1	0	0	0			1	5
TEMPORARY RESIDENCES - Hotels & Motels (34 Permitted Operations, 2022 Rooms*)														
Inspections & Site Visits**	8	2	0	0	0	0	1	1	0	0			12	44
Critical Violations	4	3	0	0	0	0	0	0	0	0			7	0
Other Violations	35	23	0	0	0	0	0	0	0	0			58	129
Complaint Investigations	0	0	0	0	0	0	0	0	0	0			0	8
MASS GATHERING (Fingerlaks GrassRoots Festival)														
Inspections & Site Visits**	0	0	0	0	0	0	0	0	0	0			0	62
Critical Violations	0	0	0	0	0	0	0	0	0	0			0	22
Other Violations	0	0	0	0	0	0	0	0	0	0			0	35
Complaint Investigations	0	0	0	0	0	0	0	0	0	0			0	0
CAMPGROUNDS & AGRICULTURAL FAIRGROUNDS (13 Operations, 1042 Sites*)														
Inspections & Site Visits**	0	0	0	0	1	2	6	3	0	0			12	62
Critical Violations	0	0	0	0	0	0	0	1	0	0			1	22
Other Violations	0	0	0	0	0	0	1	1	0	0			2	35
Complaint Investigations	0	0	0	0	0	0	0	1	0	0			1	0
CHILDREN'S CAMPS (Anticipated 32 Operations)														
Inspections & Site Visits**	0	0	1	0	0	0	6	1	0	0			8	71
Critical Violations	0	0	0	0	0	0	0	0	0	0			0	5
Other Violations	0	0	0	0	0	0	0	0	0	0			0	14
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0	0			0	14
Complaint Investigations	0	0	0	0	0	0	0	0	0	0			0	0
SWIMMING POOLS & BATHING BEACHES - (59 Operations*)														
Inspections & Site Visits**	10	11	5	0	0	18	23	22	1	3			93	136
Critical Violations	1	2	0	0	0	2	4	5	0	1			15	14
Other Violations	16	16	3	0	0	16	10	11	1	5			78	74
Injury/Illness Investigations	0	0	0	0	0	0	0	0	0	0			0	0
Complaint Investigations	0	0	0	0	0	0	0	0	0	0			0	1
PUBLIC WATER SYSTEMS (PWS) (89 Community PWS, 59 Other PWS*)														
Inspections & Site Visits**	1	8	1	0	1	0	7	5	0	6			29	172
Boil Water Orders Issued	0	1	0	1	0	0	0	1	2	1			6	23
Disinfection Waivers (Total)	21	21	21	21	21	21	21	21	21	21			n/a	21
Complaint Investigations	0	0	0	0	0	0	0	0	0	0			0	1

Division of Environmental Health
Summary of Activity (2020), cont'd

ON-SITE WASTEWATER TREATMENT SYSTEMS (OWTS)														
Permits Issued	16	11	13	17	15	40	37	26	27	24	0	0	226	227
New Construction/Conversions	12	8	6	3	8	15	19	17	17	17			122	113
Replacements	4	3	7	14	7	25	18	9	10	7			104	114
Completion Certificates Issued	25	15	5	6	7	12	23	26	21	22	0	0	162	183
New Construction/Conversions	13	7	2	3	6	5	8	14	4	8			70	85
Replacements	12	8	3	3	1	7	15	12	17	14			92	98
ENGINEERING PLAN REVIEWS														
Realty Subdivisions	0	0	1	1	0	0	0	0	0	0			2	4
OWTS	1	3	0	1	2	1	5	0	0	11			24	30
Collector Sewer	0	0	0	0	0	0	0	0	0	0			0	1
Public Water Systems	0	0	0	0	0	0	0	0	0	0			0	4
Water Main Extension	0	1	0	1	1	0	0	0	0	0			3	6
Cross-Connection Control Devices	3	3	1	0	0	1	1	1	1	0			11	16
Other Water System Modification	0	1	0	0	0	0	0	0	0	1			2	4
Other Engineering Reviews	0	1	0	0	0	0	0	0	0	1			2	3
RABIES CONTROL PROGRAM														
Potential Human Exposure Investigations	23	22	25	14	41	88	61	129	36	35			474	512
Human Post-X Treatments	1	3	3	1	7	36	21	38	8	4			122	115
Animal Specimens Tested	3	6	5	3	16	31	16	82	14	7			183	201
Animals Testing Positive	1	1	1	1	1	2	1	1	0	2			11	11
Rabies Clinics Offered	1	0	0	0	0	0	0	1	1	1			4	11
Dogs Vaccinated	91	0	0	0	0	0	0	136	131	128			486	643
Cats Vaccinated	52	0	0	0	0	0	0	58	90	95			295	439
Ferrets Vaccinated	0	0	0	0	0	0	0	0	2	2			4	0
Pet Quarantine	0	1	0	0	0	0	0	1	0	0			2	3
CHILDHOOD LEAD PROGRAM														
Children with Elevated Blood Lead Levels	1	3	0	0	3	2	2	2	1	3			17	3
Sites Inspected	0	4	0	0	0	0	2	4	2	3			15	4
Abatements Completed	0	0	0	0	0	0	0	0	0	0			0	0
Lead Assessments Sent	0	0	0	0	0	0	0	4	1	0			5	2
FOIL REQUESTS														
Total Received	4	3	3	6	5	2	5	4	2	2			36	44
ADOLESCENT TOBACCO USE PREVENTION ACT (ATUPA) (61 Operations *) & CLEAN INDOOR AIR ACT (CIAA)														
ATUPA (Adult & Minor) Compliance Checks	7	10	41	0	0	0	0	3	7	4			72	112
Violations	0	0	2	0	0	0	0	0	0	0			2	1
CIAA Complaints	0	0	1	0	0	0	0	1	0	0			2	2
COMPLAINTS - Facility & General/Nuisance														
Complaint Investigations Opened	7	13	6	3	1	3	1	6	0	1			41	115
ENFORCEMENT ACTIONS														
Total Cases	5	4	0	0	4	1	0	0	0	0			14	41
Cases Related to FSE	2	3	0	0	0	0	0	0	0	0			5	28
BOH Penalties Assessed	\$5,000	\$1,900	\$0	\$0	\$1,400	\$3,000	\$0	\$0	\$0	\$0			\$11,300	\$30,100
BOH Penalties Collected	\$1,800	\$600	\$4,500	\$0	\$0	\$2,300	\$500	\$800	\$0	\$0			\$10,500	\$36,333
CUSTOMER SERVICE/SUPPORT														
Calls Received	637	544	1162	720	1161	1256	1445	1502	1297	1097			10821	n/a
Walk-In Customers	60	101	48	5	10	7	12	8	10	5			266	n/a
TCEH Emails Received	130	192	482	406	418	621	717	664	541	546			4717	n/a
Applications Processed	77	204	150	95	88	142	87	115	123	100			1181	2119
Payment Receipts Processed	40	159	137	51	95	137	66	102	119	99			1005	1526
Renewals/Billings Sent	264	41	22	140	2	0	99	41	33	83			725	825

* As of 1/1/2020

** Includes Pre-op, Inspection, Re-inspection, HAACP, Field Visits, Sanitary Surveys

Childhood Lead Program Detailed Report:

CHILDHOOD LEAD PROGRAM	October	YTD 2020	YTD 2019	TOTAL 2019
A: Active Cases (total referrals):				
A1: # of Children w/ BLL>19.9ug/dl	0	0	0	0
A2: # of Children w/ BLL 10-19.9ug/dl	1	3	0	5
A3: # of Children w/ BLL 5-9.9ug/dl	2	14	3	3
B: Total Environmental Inspections:				
B1: Due to A1	0	0	0	0
B2: Due to A2	1	3	0	0
B3: Due to A3	2	12	3	4
C: Hazards Found:				
C1: Due to B1	0	0	0	0
C2: Due to B2	1	3	0	0
C3: Due to B3	2	12	2	2
D: Abatements Completed:	0	0	0	0
E: Environmental Lead Assessment Sent:	0	5	0	2
F: Interim Controls Completed:	0	0	0	0
G: Complaints/Service Requests (w/o medical referral):	7	42	35	43
H: Samples Collected for Lab Analysis:				
- Paint	0	6	0	0
- Drinking Water	0	0	0	0
- Soil	1	5	1	1
- XRF	3	13	2	2
- Dust Wipes	3	13	2	2
- 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
6/22/20	TOSA Apartments	Tony Busse	Public Water – Violation of BOH Orders	\$3,000	Payment due 8/15/20.	Monitoring Compliance
5/26/20	Brew 22 Coffee and Espresso	Riley Brewer	Public Water – Violation of Monitoring Requirements	\$400	Payment due 7/15/20.	Late payment letter sent. Monitoring Compliance



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>

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REGULAR AND ELECTRONIC MAIL

November 9, 2020

Frank Towner
YMCA of Ithaca
50 Graham Road West
Ithaca, NY 14850

Re: Tompkins County Board of Health Consideration of Application Fee Waiver Request For YMCA Swimming Pools

Dear Frank Towner:

On October 26, 2020, you requested a waiver from the application fees for the YMCA swimming pools. You requested this waiver due to financial hardship. Enclosed is a copy of the Memo for the Board of Health to consider on at its Zoom Meeting scheduled for 12:00 p.m. (noon) on **Tuesday, December 8, 2020.**

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 by Friday, December 4, 2020, so that we can coordinate access to allow you to speak at the beginning of the Zoom Meeting.

Sincerely,

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

Enclosure

pc: F:\EH\POOLS-BEACHES (SBS)\Facilities (SBS-4)\Indoor\YMCA\2020 Waiver Request\Fee Waiver Request Cover Letter.docx
ec: Tompkins County Board of Health (via; Karan Palazzo, TCHD)
scan: Signed copy to f: drive



Your Partner for a Healthy Community

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

ENVIRONMENTAL HEALTH DIVISION

Ph: (607) 274-6688

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

Fx: (607) 274-6695

Date: November 9, 2020
Memo to: Members of the Tompkins County Board of Health *E. Cameron*
From: C. Elizabeth Cameron, P.E., Director of Environmental Health
Subject: Request to Waive Swimming Pool Permit Application Fees

The YMCA of Ithaca and Tompkins County is requesting the operating fees for its swimming pools to be waived for the 2021 operational period. The Division received the attached request from Frank Towner, CEO of the YMCA, on October 26, 2020, when it submitted the 2021 renewal applications for the pools.

The YMCA of Ithaca and Tompkins County maintains and operates two swimming pools at its facility. Due to COVID-19 restrictions, the entire YMCA facility has been closed or operating with reduced capacity since March 14, 2020. Currently, the main pool is in operation but the small pool remains closed. The YMCA is hopeful to re-open the small pool by 2021.

The application fees for the swimming pools are as follows:

Operation	Permit Fee
Main Pool	\$335
Small Pool	\$335
Total=	\$670

Waiver of operating fees require approval by the Board of Health. Review of inspection reports for the YMCA pools show a good history of operation for the past five years with no critical violations cited. The Environmental Health Division would support a decision by the Board of Health to waive the operating fees for 2021.

Attachments – Waiver Request

F:\EH\POOLS-BEACHES (SBS)\Facilities (SBS-4)\Indoor\YMCA\2020 Waiver Request\Fee Waiver Request.docx



RECEIVED
OCT 28 2020

FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Mr. Frank Kruppa
Tompkins County Administration
125 E. Court St
Ithaca, NY 14850

Dear Frank,

We have attached all documents for the renewal of our pools. We appreciate the support of the TCHD and have identified our large pool as the main attraction for returning members. The small pool is closed and will not open in the foreseeable future.

We also know that we are unable to serve at capacity in our pools or the facility. This is not entirely connected to the regulations or restrictions but that folks are just not ready to come back in and our financial situation is unsustainable.

As we struggle to maintain and sustain a viable organization I would like to request a waiver of the fee for our two pools. We will be very grateful for this opportunity.

Respectfully,

Frank and Board of Directors

Frank Towner
CEO
YMCA of Ithaca and Tompkins County
(607) 257-0101 www.ithacaymca.com
We're for Youth Development, Healthy Living & Social Responsibility

OUR MISSION: WE HELP PEOPLE OF ALL AGES TO BE HEALTHY, LEARN, CONNECT, & HAVE FUN!

Help the Y to serve more families and children now more than ever!

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

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

CERTIFIED, REGULAR & ELECTRONIC MAIL

November 25, 2020

Tony Busse
331 Willow Walk Lane
Knoxville, TN 37922

**Re: Tompkins County Board of Health Revised Resolution # EH-ENF-20-0016
TOSA Apartments, T-Dryden**

Dear Tony Busse:

Enclosed is a copy of a Revised Draft Resolution that the Tompkins County Board of Health will consider at its at its Zoom Meeting scheduled for 12:00 p.m. (noon) on **Tuesday, December 8, 2020**. The Revised Draft Resolution decreases the penalty owed contingent on compliance with order requirements.

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 by Friday, December 4, 2020, so that we can coordinate access to allow you to speak at the beginning of the Zoom Meeting.

In lieu of joining the Zoom Meeting to speak, you can submit a written statement for the Board of Health to consider by sending it to: tceh@tompkins-co.org . The meeting will also be broadcast through the Tompkins County YouTube Channel, which can be accessed through the following web address: <https://www.youtube.com/channel/UckpJNVbpLLbEbhoDbTIEgSQ> .

Sincerely,



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

Enclosure – Final Resolution EH-ENF-20-0016 adopted 6/26/2020

PC: F:\EH\WATER (SW)\Public Water (SW)\Facilities (SW-4)\Apartments (SC-9)\Tosa\Enforcement\2020\Violation of BOH Orders\Novemembr Revised Resolution 20-0016.docx
ec: NYS DOH: John Strepelis, P.E.; Garrett Cappon; Erin Ingles, P.E.; CEO T-Dryden; Supervisor T-Dryden; Martha Robertson, TC Legislature; TCHD: Elizabeth Cameron, P.E., Director of Environmental Health; Frank Kruppa, Public Health Director; Adriel Shea; Chris Laverack; 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

REVISED RESOLUTION # EH-ENF-20-0016 FOR

**TOSA Apartments
Tony Busse, Owner
1289 Ellis Hollow Rd, (T) Dryden**

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

Whereas, TOSA Apartments is a public water system with six service connections; **and**

Whereas, on June 26, 2020, Tompkins County Board of Health Resolution #EH-ENF-20-0016 ordering Tony Busse to, in part, pay a penalty of \$3,000 due August 15, 2020, comply with all requirements and corrective actions of Health Department Boil Water Orders, submit an engineering report from a licensed professional engineer due August 15, 2020, maintain acceptable free chlorine residuals at all times, submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month, and meet all requirements of Subpart 5-1 of NYSSC; **and**

Whereas, as of November 25, 2020, the penalty payment in the amount of \$3,000 has not been received by the Tompkins County Health Department (TCHD); **and**

Whereas, on September 29, 2020, an engineering report from a licensed professional engineer was submitted; evaluating water use, the well yield following well rehabilitation by a water well professional, and the appropriateness of the water treatment design following well rehabilitation; **and**

Whereas, as of November 25, 2020, monthly operating reports for June, August, September and October 2020 have not been received; **and**

Whereas, as of November 25, 2020, a copy of the 3rd quarter bacteriological result has not been received, **and**

Whereas, TOSA Apartments failed to comply with all requirements and corrective actions of Health Department Boil Water Orders (BWO), as bacteriological sampling required for release of the BWO issued April 23, 2020, has not been received; **and**

Whereas, as of November 25, 2020, the designated water system operator has failed to respond to the TCHD despite multiple attempts to contact the operator to discuss the ongoing BWO, **and**

Whereas, TOSA Apartments has addressed its water system's operational deficiencies but monitoring, reporting and communication with the Health Department concerns continue to persist; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Tony Busse, Owner, is ordered to:**

1. Pay a penalty of \$1,000 for previous violations, reduced from \$3,000 for the well rehabilitation and engineering work and only if all the following orders are met, **due by December 15, 2020; and**
2. Pay an additional penalty of \$2,000 if orders 3-5 are not met, **due by January 15, 2021, if applicable; and**
3. Comply with all requirements and corrective actions of Health Department Boil Water Orders, including providing copies of BWO release sampling (two acceptable bacteriological samples taken 24 hours apart) **by December 15, 2020; and**
4. **By December 15, 2020**, submit completed monthly operating reports for June, August, September and October 2020; **and**
5. **By December 15, 2020**, provide to the Health Department the contact information for a designated water operator that must respond to Health Department inquiries within 24 hours; **and**
6. Maintain acceptable free chlorine residuals **at all times** in the TOSA Apartments' Water Treatment System. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/l) and not more than 4.0 mg/l; **and**
7. Submit total coliform sample results for TOSA Apartments each quarter of operation **by the 10th day of the following month; and**
8. Submit completed monthly operation reports signed by a certified water treatment operator or qualified water treatment specialist for TOSA Apartments of daily free chlorine residual readings **by the 10th day of the following month; and**
9. Collect the annual nitrate sample within the calendar year and submit the sample result to TCHD no later than the 15th of the following January; **and**
10. Comply with all the requirements of Subpart 5-1 of the NYSSC.



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

RESOLUTION # EH-ENF-20-0016 FOR

**TOSA Apartments
Tony Busse, Owner
1289 Ellis Hollow Rd, (T) Dryden**

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

Whereas, TOSA Apartments is a public water system with six service connections; **and**

Whereas, on January 28, 2020, Tompkins County Board of Health Resolution #EH-ENF-20-0001 ordering Tony Busse to, in part, pay a penalty of \$1,000 due March 13, 2020, submit an engineering report from a licensed professional engineer due March 13, 2020, maintain acceptable free chlorine residuals at all times; submit completed monthly operation reports of daily free chlorine residual readings by the 10th day of the following month, and meet all requirements of Subpart 5-1 of NYSSC; **and**

Whereas, as of June 8, 2020, the penalty payment in the amount of \$1,000 has not been received by the Tompkins County Health Department (TCHD); **and**

Whereas, as of June 8, 2020, an engineering report from a licensed professional engineer that evaluates water use, well yield, and water treatment design has not been received by TCHD; **and**

Whereas, in 2020, the April MOR has not been received, and the March MOR was received after the 10th of the following month, **and**

Whereas, on April 23, 2020, the TCHD observed that a certified water hauler had delivered water to the distribution system without assurance that a sanitary condition of the system was maintained. As a result, TCHD issued a Boil Water Order; **and**

Whereas, TOSA Apartments failed to acknowledge receipt of the Boil Water Order or to communicate corrective actions to the TCHD and failed to implement all actions in order to release the Boil Water Order; **and**

Whereas, on May 26, 2020, the Town of Dryden issued Notice of Violation #: 2020-013, stating that the plumbing system is creating a hazard to the occupants of the structure by reason of inadequate service; **and**

Whereas, as of June 8, 2020, the provisions of Board of Health Resolution #EH-ENF-20-0001 have not been met; **now therefore be it**

**Resolved, on recommendation of the Tompkins County Board of Health,
That Tony Busse, Owner, is ordered to:**

1. Pay the outstanding penalty of \$1,000 for previous violations, and an additional penalty of \$2,000 for these violations, for a total amount of \$3,000 **due by August 15, 2020; and**
2. To conspicuously post at all times boil water notices at each rental unit. The signs must be maintained until the Health Department has given written release that the signs can be removed; **and**
3. Notify the Health Department within 24 hours of a delivery of bulk water, **and**
4. Comply with all requirements and corrective actions of Health Department Boil Water Orders; **and**
5. Maintain acceptable free chlorine residuals **at all times** in the TOSA Apartments' Water Treatment System. The free chlorine residual in the water disinfection system must be at least 0.2 milligrams per liter (mg/l) and not more than 4.0 mg/l; **and**
6. Submit total coliform sample results for TOSA Apartments each quarter of operation **by the 10th day of the following month; and**
7. Submit completed monthly operation reports signed by a certified water treatment operator or qualified water treatment specialist for TOSA Apartments of daily free chlorine residual readings **by the 10th day of the following month** for every month **beginning March 10, 2020; and**
8. Collect the annual nitrate sample within the calendar year and submit the sample result to TCHD no later than the 15th of the following January; **and**
9. Comply with all the requirements of Subpart 5-1 of the NYSSC; **and**
10. Submit an engineering report from a licensed professional engineer that evaluates water use, well yield, and water treatment system design. The report must propose corrective actions to ensure that the water system for TOSA Apartments meets the requirements of Subpart 5-1 of the New York State Sanitary Code. The report must be submitted to the TCHD for approval **by August 15, 2020**. Complete the corrective actions **within 60 days** of the TCHD's approval of the report; **or**
11. **By August 15, 2020**, submit a plan for review and approval by TCHD that includes a timeline to permanently reduce both the number of units rented to four or less and the occupancy to sixteen persons or less.

This action was adopted by the Tompkins County Board of Health at its regular meeting on June 23, 2020.

Frank Kruppa
for Frank Kruppa
Public Health Director

6/26/2020
Date



Board of Health Meeting Dates 2021

January 26

February 23

March 23

April 27

May 25

June 22

July 27

August 24

September 28

October 26

December 7

All meetings will be held at 12:00 noon.