ULSTER COUNTY BOARD OF HEALTH

November 14, 2016

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

  a. Approval of the June and September 2016 minutes
  b. Proposed 2016-2017 Flu Rate e-vote

- **NEW BUSINESS**

  a. Commissioner's Report
     - Medical Examiner Office Update
     - SUNY New Paltz Mumps Outbreak
     - 2015-2016 UCDOH Performance Incentive Award
     - NYS Influenza Surveillance and UCDOH Clinic Schedule
     - Public Health Preparedness Drills
     - Lead Testing in Schools
     - Polystyrene and Tobacco Laws

MEETING CONCLUSION

Ulster County Board of Health
Golden Hill Office Building
239 Golden Hill Lane
Kingston, NY 12401

Date: Monday, November 14, 2016

Board Members		Signature
Cardinale RN GCNS-BC, Anne	Board Member	*Anne Cardinale*
Delma MD, Dominique	Vice Chairman	*Excused*
Graham ESQ, Peter	Board Member	*Peter Graham, Esq.*
Hildebrandt MPA, Mary Ann	Secretary	*Mary A. Hildebrandt*
Kelly RN, Elizabeth	Board Member	*Elizabeth Kelly*
Tack DO, Marc	Board Member	*Excused*
Woodley MD, Walter	Chairman	*W Woodley*

Department of Health and Mental Health		Signature
Smith, MD, MPH, Carol	Commissioner of Health and Mental Health	*Carol Smith MD MPH*
Heller MD, Douglas	Medical Examiner	*Excused*
Veytia RN, MSN, Nereida	Deputy and Director of Patient Services	*N Veytia*
Mertens PE, Shelley	Director of Environmental Health Services	*Shelley*
McCracken, Amy	UC Depart of MH Deputy Commissioner	Excused

Guests		Signature
Lee Cane	*League of Women Voters*	

Members PRESENT: Anne Cardinale, RN GCNS-BC, Board Member
Walter Woodley, MD, Chairperson
Mary Ann Hildebrandt, MPA, Secretary
Peter Graham, ESQ, Board Member
Elizabeth Kelly, RN, Board Member

DOH/DMH PRESENT: Carol Smith, MD, MPH, Commissioner of Health
Shelley Mertens, Environmental Health Director
Nereida Veytia, Deputy/Patient Services Director

GUESTS: Lee Cane, Mid-Hudson League of Women Voters

ABSENT: None

EXCUSED: Marc Tack, DO, Board Member
Dominique Delma, MD, Vice Chair
Douglas Heller, MD, Medical Examiner
Amy McCracken, Deputy Commissioner of MH

I. **Approval of Minutes:** A motion was made by Ms. Cardinale to approve the June and September 2016 minutes. The motion was seconded by Ms. Kelly and unanimously approved.

II. **Old Business:**

- **Flu Rates 2016-2017:** The proposed fee schedule for the 2016-2017 flu rates was distributed at the September 12, 2016 meeting. Due to a lack of quorum, the rates were unable to be voted on for approval. Per the request by Dr. Tack an email vote to approve these rates was conducted and all Board members were in favor of accepting the proposed rates.

III. **Agency Reports:**

a. <u>Commissioner's Report:</u>

- **Medical Examiner Office Update:** Dr. Smith reported on the status of the Medical Examiner's Office. Dr. Heller and Dr. Grovenburg have agreed to remain in their current position and both were given an increase in pay. The plan is to create a one and four (1:4) coverage schedule, which consists of one day a week and one weekend coverage a month. Dr. Stutt, who has served as physician advisor to the coroner's office in Putnam County is interested in joining the Medical Examiner team and will assist with coverage. The Department is still looking to fill the full-time Mediolegal Death Scene Investigation position. This position is currently being advertised.

- **SUNY New Paltz Mumps Outbreak:** Dr. Smith updated the Board on the current mumps outbreak at the SUNY New Paltz campus. As of October 6, 2016 were the first onset cases. By October 31st the case number had increased to 10 Meetings with NYSDOH and the College is ongoing.

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- **2015-2016 UCDOH Performance Incentive:** UCDOH received incentive awards for both communicable disease and environmental health. Communicable Disease was requires to demonstrate timely and accurate reporting for STD services. Environmental Health needed to implement the use of the new eForms for inspections to assist with timely reporting. UCDOH received 92.16% score for accuracy and timeliness Total award was $51,500.

- **NYS Influenza Surveillance and UCDOH Clinic Schedule:** Ms. Veytia reported on influenza surveillance and the flu clinic schedule (see attached).

- **Public Health Preparedness Drills: Ms. Veytia reported out on several drills that the Preparedness Program has been participating in.**

   - <u>Active Shooter:</u> This drill was conducted by local police departments to test the new response protocol for an active shooter in schools. DOH staff were located at the Ellenville hospital to test surge capacity. EMS participated to test transportation. The after-action report is forthcoming.

   - <u>eFINDS:</u> DOH has been participating in the tabletop planning sessions with Ten Broeck Commons, which will tests the transfer of patients to other units using the eFINDS system in times of emergencies. An information sheet on eFINDS was distributed to the Board (see attached).

   - <u>Pandemic Influenza:</u> This drill is designed to test surge capacity with the hospitals and test their Isolation and Quarantine protocols.

- **Water Testing for Lead in Schools:** Ms. Mertens provided an update on the lead testing in schools. According to NYSDOH mandates, K-5 was to complete their testing in September and 6-12 to complete theirs in October. To date, all 9 districts have completed the testing. Each district was required to input their results into the State HERDS system by November 11th. A sampling survey list was distributed to the Board members identifying which districts were in compliance with the November 11th deadline and which districts samples noted lead in the water. (see attached)

- **Polystyrene and Tobacco Laws:**

   - <u>Polystyrene:</u> Inspectors are noting which restaurants are not in compliance with the law when they complete their routine food facility inspections. A letter and packet of information is then being mailed to these identified facilities providing information about the law and giving the facilities 30 day notice to comply. There is a waiver clause in the law which allows for owners to request a waiver if there is proof (as
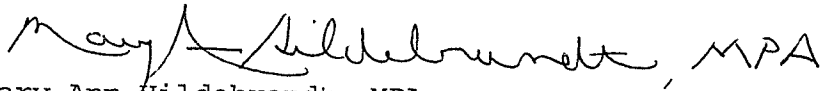
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defined in the law) for unique packaging hardship or a financial hardship. To date, no waivers have been requested.

- __Tobacco License:__ Starting the second year of issuing the permit. To date there has been a quick response with no issues.

IV. **Meeting Adjournment:** A motion was made to adjourn the meeting by Dr. Woodley, motion was seconded by Ms. Kelly and unanimously approved.

V. **Next Meeting:** The next meeting is scheduled for December 12, 2016, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:

Mary Ann Hildebrandt, MPA

Mary Ann Hildebrandt, MPA
Secretary – Board of Health

NEW YORK STATE OF OPPORTUNITY.

Department of Health

Weekly Influenza Surveillance Report

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May).[1]

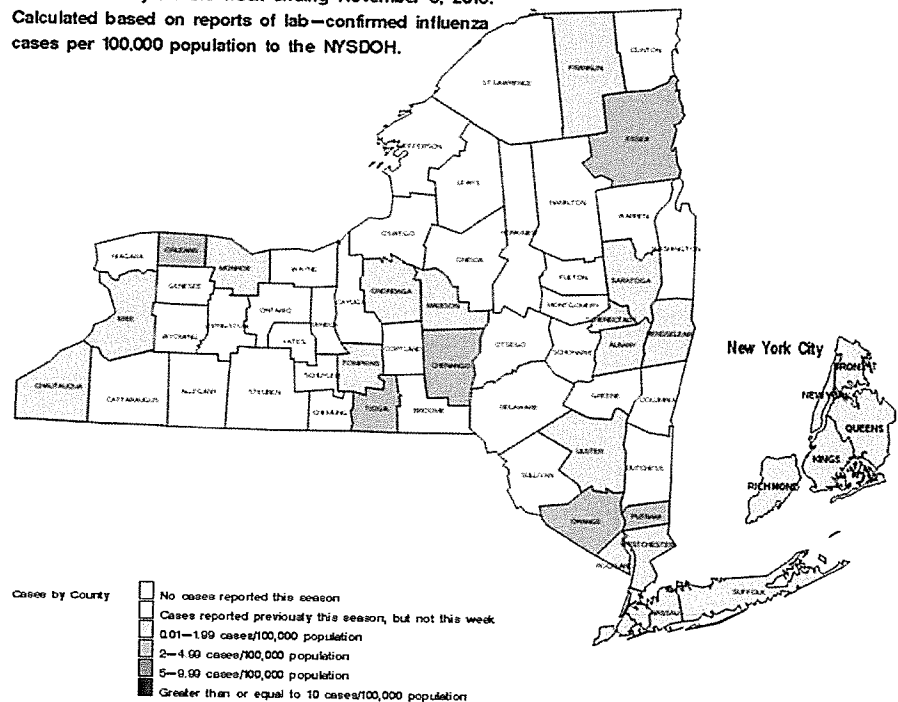## During the week ending November 5, 2016

- Influenza activity level was categorized as geographically sporadic[2]. Sporadic activity has been reported for five consecutive weeks.
- There were 94 laboratory-confirmed influenza reports, a 96% increase over last week.
- Of the 1,185 specimens submitted to NYS WHO/NREVSS laboratories, 8 (0.68%) were positive for influenza.
- Of the specimens tested at Wadsworth Center, 9 were positive for influenza. 8 were influenza A (H3) and 1 was influenza B (Yamagata).
- Reports of percent of patient visits for influenza-like illness (ILI[3]) from ILINet providers was 0.51%, which is below the regional baseline of 3.00%.
- The number of patients hospitalized with laboratory-confirmed influenza was 28 a 12% increase over last week.
- There have been no influenza-associated pediatric deaths reported this season.

Laboratory Reports of Influenza (including NYC)

Influenza activity for the week ending November 5, 2016. Calculated based on reports of lab-confirmed influenza cases per 100,000 population to the NYSDOH.

All clinical laboratories that perform testing on residents of NYS report all positive influenza test results to NYSDOH.

- 27 counties reported cases this week.
- Incidence ranged from 0-4.04 cases/100,000 population.

Cases by County

- No cases reported this season
- Cases reported previously this season, but not this week
- 0.01–1.99 cases/100,000 population
- 2–4.99 cases/100,000 population
- 5–9.99 cases/100,000 population
- Greater than or equal to 10 cases/100,000 population

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[1] Information about influenza monitoring in New York City (NYC) is available from the NYC Department of Health and Mental Hygiene website at: http://www.nyc.gov/html/doh/. National influenza surveillance data is available on CDC's FluView website at http://www.cdc.gov/flu/weekly/.
[2] No Activity: No laboratory-confirmed cases of influenza reported to the NYSDOH.
Sporadic: Small numbers of lab-confirmed cases of influenza reported.
Local: Increased or sustained numbers of lab-confirmed cases of influenza reported in a single region of New York State; sporadic in rest of state.
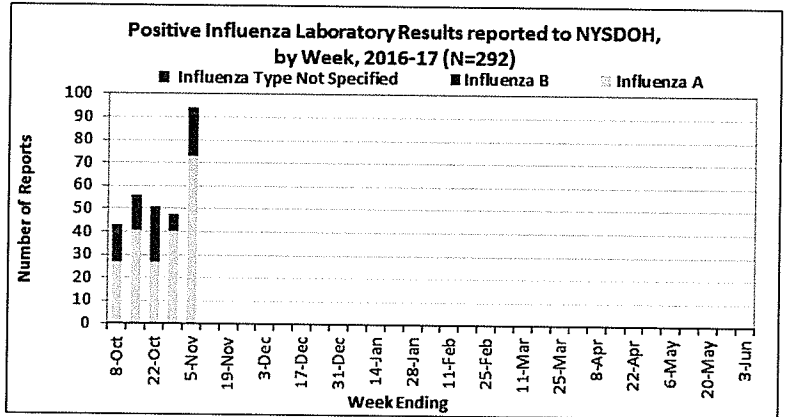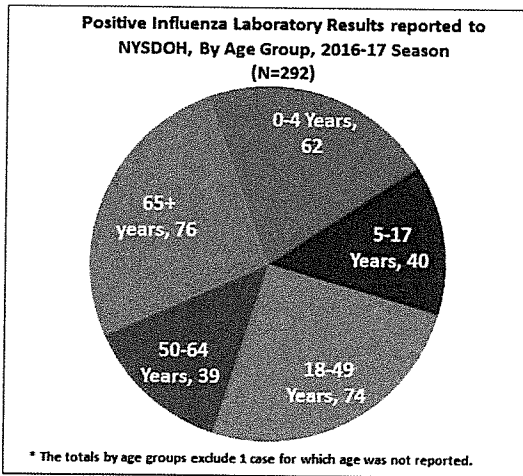Regional: Increased or sustained numbers of lab-confirmed cases of influenza reported in at least two regions but in fewer than 31 of 62 counties.
Widespread: Increased or sustained numbers of lab-confirmed cases of influenza reported in greater than 31 of the 62 counties.
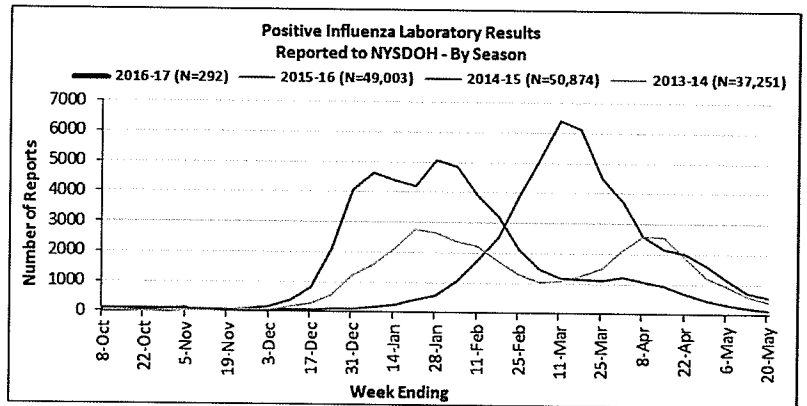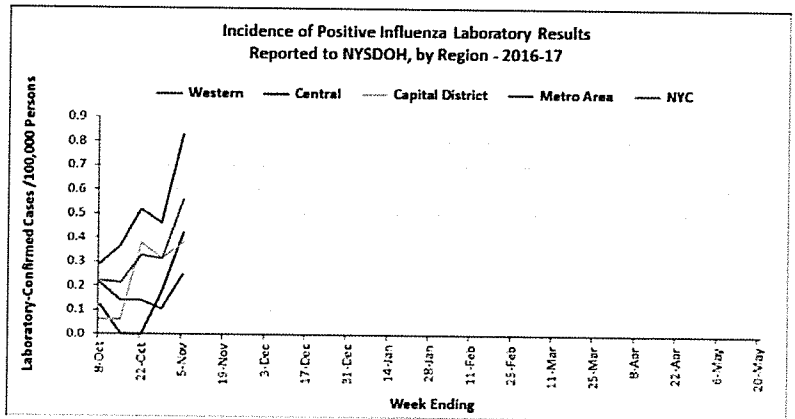Increased or sustained is defined as 2 or more cases of laboratory-confirmed influenza per 100,000 population.
[3] ILI = influenza-like illness, defined as temperature 100° F with cough and/or sore throat in the absence of a known cause other than influenza

Laboratory Reports of Influenza (including NYC)

Positive Influenza Laboratory Results reported to NYSDOH, By Age Group, 2016-17 Season (N=292)

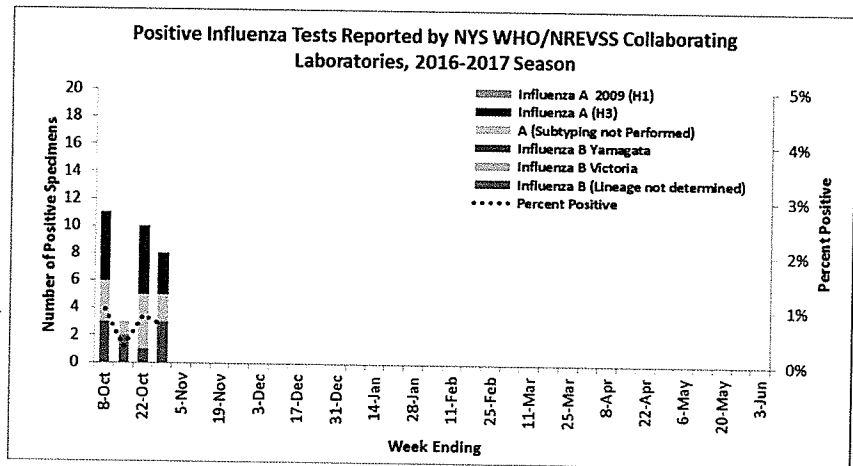* The totals by age groups exclude 1 case for which age was not reported.

Test results may identify influenza Type A, influenza Type B, or influenza without specifying Type A or B. Some tests only give a positive or negative result and can-not identify influenza type (not specified).

Positive Influenza Laboratory Results reported to NYSDOH, by Week, 2016-17 (N=292)

■ Influenza Type Not Specified   ■ Influenza B   ▓ Influenza A

Incidence of Positive Influenza Laboratory Results Reported to NYSDOH, by Region - 2016-17

—— Western —— Central ---- Capital District —— Metro Area —— NYC

Positive Influenza Laboratory Results Reported to NYSDOH - By Season

—— 2016-17 (N=292) —— 2015-16 (N=49,003) —— 2014-15 (N=50,874) —— 2013-14 (N=37,251)

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World Health Organization (WHO) and National Respiratory & Enteric Virus Surveillance System (NREVSS) Collaborating Laboratories

Seventeen clinical virology laboratories in NYS and NYC, including the Wadsworth Center, are WHO and/or NREVSS collaborating laboratories for influenza surveillance.

These labs report weekly the number of respiratory specimens tested and the number positive for influenza types A and B to CDC. Some labs also report the influenza A subtype (H1 or H3) and influenza B lineage (Victoria or Yamagata). Because denominator data is provided, the weekly percentage of specimens testing positive for influenza is calculated.

Positive Influenza Tests Reported by NYS WHO/NREVSS Collaborating Laboratories, 2016-2017 Season

Legend:
- Influenza A 2009 (H1)
- Influenza A (H3)
- A (Subtyping not Performed)
- Influenza B Yamagata
- Influenza B Victoria
- Influenza B (Lineage not determined)
- Percent Positive

Y-axis: Number of Positive Specimens (0–20); Secondary Y-axis: Percent Positive (0%–5%); X-axis: Week Ending (8-Oct, 22-Oct, 5-Nov, 19-Nov, 3-Dec, 17-Dec, 31-Dec, 14-Jan, 28-Jan, 11-Feb, 25-Feb, 11-Mar, 25-Mar, 8-Apr, 22-Apr, 6-May, 20-May, 3-Jun)
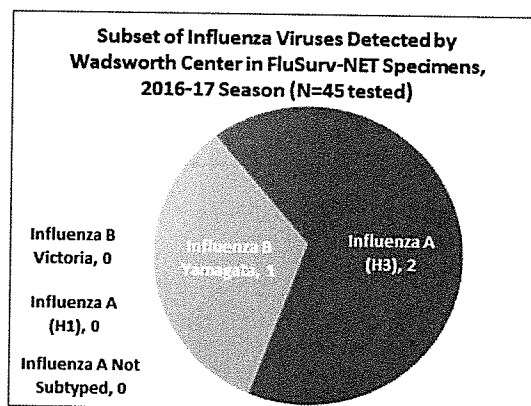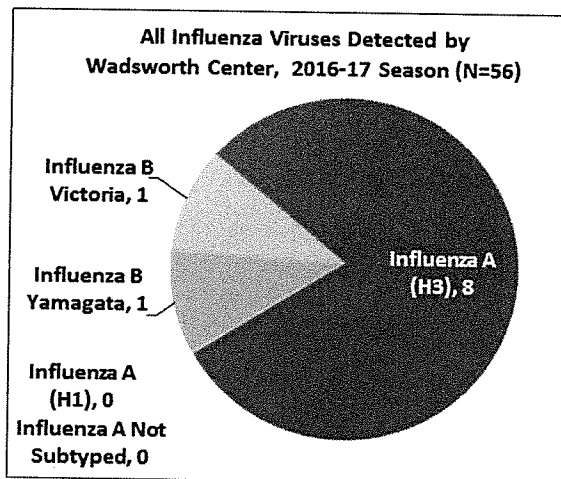
Influenza Virus Types and Subtypes Identified at Wadsworth Center (excluding NYC)

Wadsworth Center, the NYSDOH public health laboratory, tests specimens from sources including, outpatient healthcare providers (ILINet) and hospitals (FluSurv-NET).

There are 2 common subtypes of influenza A viruses – H1 and H3. Each subtype has a slightly different genetic makeup. Wadsworth also identifies the lineage of influenza B specimens –Yamagata or Victoria. Rarely, an influenza virus is unable to have it's subtype or lineage identified by the laboratory.

Wadsworth sends a subset of positive influenza specimens to the CDC for further virus testing and characterization.

To date, all specimens submitted through the ILINet program have been negative.

All Influenza Viruses Detected by Wadsworth Center, 2016-17 Season (N=56)

- Influenza B Victoria, 1
- Influenza B Yamagata, 1
- Influenza A (H1), 0
- Influenza A Not Subtyped, 0
- Influenza A (H3), 8

Subset of Influenza Viruses Detected by Wadsworth Center in FluSurv-NET Specimens, 2016-17 Season (N=45 tested)

- Influenza B Victoria, 0
- Influenza A (H1), 0
- Influenza A Not Subtyped, 0
- Influenza B Yamagata, 1
- Influenza A (H3), 2

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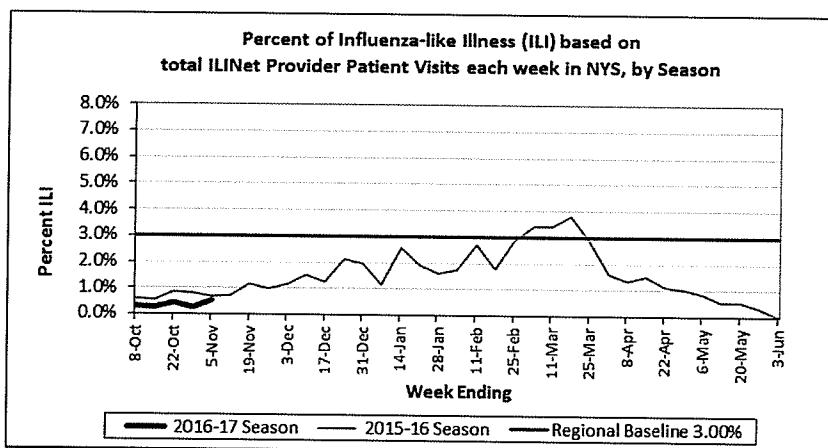## Influenza Antiviral Resistance Testing

The Wadsworth Center Virology Laboratory performs surveillance testing for antiviral drug resistance. [4] The laboratory does not have any data yet this season. Information will be updated in subsequent weekly reports.

Outpatient Influenza-like Illness Surveillance Network (ILINet) (excluding NYC)

The NYSDOH works with ILINet healthcare providers who report the total number of patients seen and the total number of those with complaints of influenza-like illness (ILI) every week in an outpatient setting.

The CDC uses trends from past years to determine a regional baseline rate of doctors' office visits for ILI. For NYS, the regional baseline is currently 3%. Numbers above this regional baseline suggest high levels of illness consistent with influenza in the state.

Note that surrounding holiday weeks, it is not uncommon to notice a fluctuation in the ILI rate.

Percent of Influenza-like Illness (ILI) based on total ILINet Provider Patient Visits each week in NYS, by Season
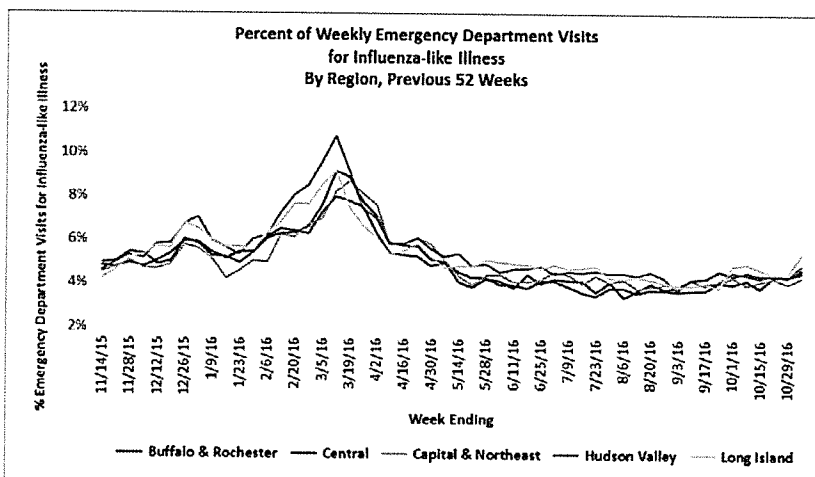
Emergency Department Visits for ILI-Syndromic Surveillance (excluding NYC)

Hospitals around NYS report the number of patients seen in their emergency departments with complaints of ILI. This is called syndromic surveillance.

An increase in visits to hospital emergency departments for ILI can be one sign that influenza has arrived in that part of NYS.
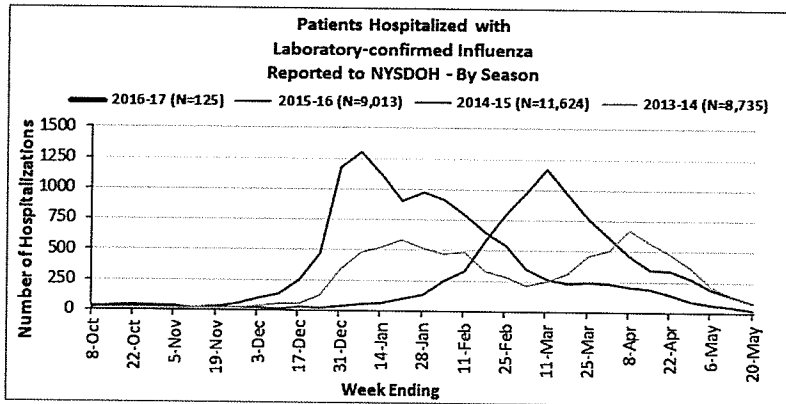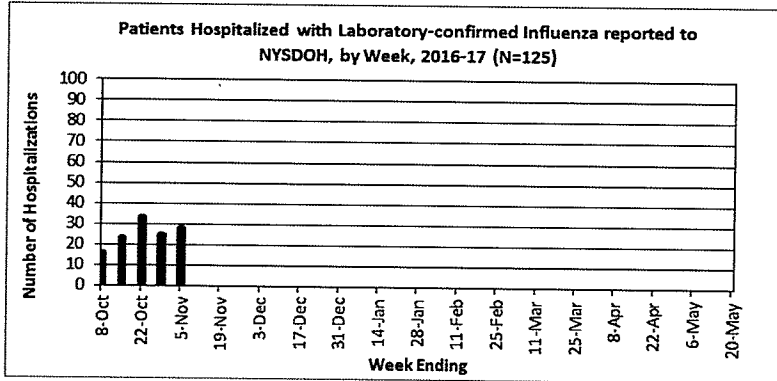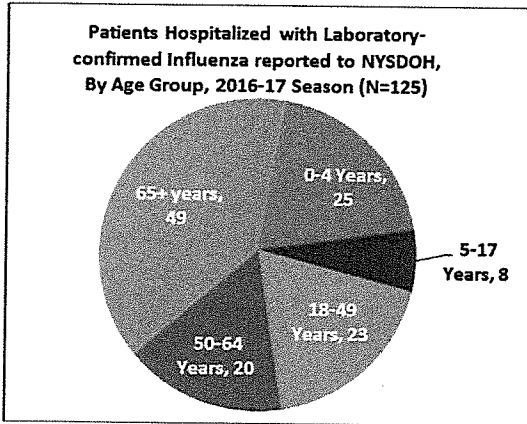
Syndromic surveillance does not reveal the actual cause of illness, but is thought to correlate with emergency department visits for influenza.

Percent of Weekly Emergency Department Visits for Influenza-like Illness By Region, Previous 52 Weeks

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Patients Hospitalized with Laboratory-Confirmed Influenza (including NYC)

Hospitals in NYS and NYC report the number of hospitalized patients with laboratory-confirmed influenza to NYSDOH. 176 (96%) of 184 hospitals reported this week.

Patients Hospitalized with Laboratory-confirmed Influenza reported to NYSDOH, By Age Group, 2016-17 Season (N=125)

- 65+ years, 49
- 0-4 Years, 25
- 5-17 Years, 8
- 18-49 Years, 23
- 50-64 Years, 20

Patients Hospitalized with Laboratory-confirmed Influenza reported to NYSDOH, by Week, 2016-17 (N=125)

Patients Hospitalized with Laboratory-confirmed Influenza Reported to NYSDOH - By Season

2016-17 (N=125) — 2015-16 (N=9,013) — 2014-15 (N=11,624) — 2013-14 (N=8,735)

Influenza Hospitalization Surveillance Network (FluSurv-NET)

As part of the CDC's FluSurv-Net, the NYS Emerging Infections Program (EIP) conducts enhanced surveillance for hospitalized cases of laboratory-confirmed influenza among residents of 15 counties.[5] Medical chart reviews are completed, and underlying health conditions noted on all identified cases from October 1 through April 30 of the following year.

FluSurv-Net estimated hospitalization rates will be updated weekly starting later this season.

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[5]Counties include, in the Capital District: Albany, Columbia, Greene, Montgomery, Rensselaer, Saratoga, Schenectady, and Schoharie; in the Western Region: Genesee, Livingston, Monroe, Ontario, Orleans, Wayne, and Yates

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Healthcare-associated Influenza Activity (including NYC)

Hospitals and nursing homes in NYS report outbreaks of influenza to the State. An outbreak in these settings is defined as one or more healthcare facility-associated case(s) of confirmed influenza in a patient or resident or two or more cases of influenza-like illness among healthcare workers and patients/residents of a facility on the same unit within 7 days. Outbreaks are considered confirmed only with positive laboratory testing.[6]

Week-to-Date (CDC week - 44) 10/30/16 through 11/5/16	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* Lab-confirmed Influenza (any type)			0			0	1		1			0	1	0	1
# Outbreaks* viral respiratory illness**			0			0			0			0	0	0	0
Total # Outbreaks	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1

Season-to-Date (CDC week - 44) 10/4/16 through 11/5/16	Capital Region			Central Region			Metro Region			Western Region			Statewide (Total)		
	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total	ACF	LTCF	Total
# Outbreaks* Lab-confirmed Influenza (any type)		1	1			0	1	2	3			0	1	3	4
# Outbreaks* viral respiratory illness**		3	3		1	1			0		1	1	0	5	5
Total # Outbreaks	0	4	4	0	1	1	1	2	3	0	1	1	1	8	9

ACF - Article 28 Acute Care Facility
LTCF - Article 28 Long Term Care Facility
*Outbreaks are reported based on the onset date of symptoms in the first case
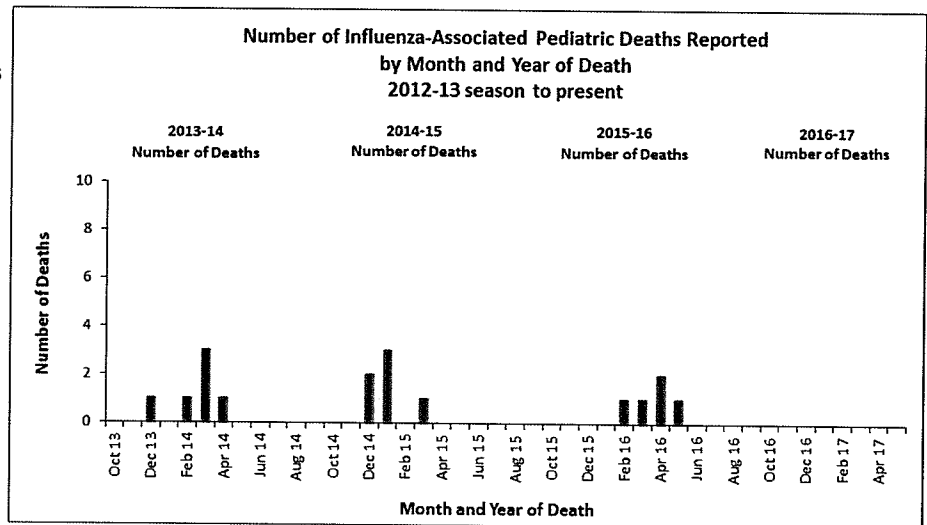** Includes outbreaks of suspect influenza and/or other viral upper respiratory pathogens

For information about the flu mask regulation and the current status of the Commissioner's declaration, please visit www.health.ny.gov/FluMaskReg

Pediatric influenza-associated deaths reported (including NYC)

Local health departments report pediatric influenza-associated deaths to NYSDOH.

Flu-associated deaths in children younger than 18 years old are nationally notifiable. Influenza-associated deaths in persons 18 years and older are not notifiable.

Number of Influenza-Associated Pediatric Deaths Reported by Month and Year of Death
2012-13 season to present

[6]For more information on reporting of healthcare-associated influenza, visit
http://www.health.ny.gov/diseases/communicable/control/respiratory_disease_checklist.htm

ULSTER COUNTY DEPARTMENT OF HEALTH
INFLUENZA CLINIC SCHEDULE 2016

Date	Time	Location
10/26/16	10-11 a.m.	Ulster County Department of Health 239 Golden Hill Lane Kingston
10/27/16	10-11:30 a.m.	Woodland Ponds 100 Woodland Ponds Circle New Paltz
11/2/16	10-11 a.m.	Rosendale Rec. Center Rte. 32 Rosendale
11/3/16	10-11 a.m.	Ulster County Department of Health 239 Golden Hill Lane Kingston
11/4/16	10-11 a.m.	VFW Post 8645 101 Route 208 New Paltz
11/10/16	9:30–10:30 a.m.	Saugerties Senior Center 207 Market Street Saugerties
11/14/16	10:30-11:30 a.m.	Hurley Reformed Church 11 Main Street Hurley
11/17/16	10-11 a.m.	Trudy Resnick Farber 50 Center Street Ellenville
11/18/16	10-11:30 a.m.	Esopus Town Hall 284 Broadway Port Ewen
11/21/16	10:30-11:30 a.m.	Wallkill Fire Department 18 Park Avenue Wallkill
11/23/16	10-11 a.m.	Ulster County Department of Health 239 Golden Hill Lane Kingston
11/28/16	10:30-11:30 a.m.	Shandaken Town Hall 7209 Rte. 28 Shandaken

e-FINDS Evacuation of Facilities In Disaster Systems

Getting Started

The **e-FINDS** Data Reporter and **e-FINDS** Administrator role have access to the patient tracking application. From the **My Account** link, on the menu bar (top right) of the Health Commerce System (HCS), click See what roles I hold to verify that you are in one of the e-FINDS roles. If you are not in an e-FINDS role, please contact your facility's HCS Coordinator. Locate your coordinators from **My Account** > Look up my coordinators. Click Update or verify my contact information to access and update your business and emergency contact information to receive communications.

Open e-FINDS

1. Log on to the HCS (https://commerce.health.state.ny.us). If you cannot remember your user id or password, please call Commerce Accounts Management Unit at 1-866-529-1890.

2. Click **e-FINDS** in the **My Applications** panel (left side). If you do not see e-FINDS, then you are not in an e-FINDS role (see Getting Started).

3. Select your current location from the dropdown list.

4. Click **Submit,** and proceed to one of the following actions.

Always VERIFY your location, if affiliated with more than one!

Evacuating Facility: Registers Multiple Patient/Resident

e-FINDS Administrator Role Only

1. Click **Register Patient/Resident > Multi Patient/Resident Input.**

2. Verify Evacuation Operation and Current Location.

3. Select Intended Destination.

4. Enter the number of barcodes to be assigned.

5. Click **Generate Fillable Spreadsheet.**

5. Enter known information, such as first name, last name, date of birth (mm/dd/yyyy), and gender.

6. Click **Save all Patient/Resident.**

7. Verify message: Successfully saved {correct # being evacuated} Patient/Resident and click **barcode** to view or update the patient or resident information.

Evacuating Facility: Register Patient/Resident with Scanner

Evacuating facilities may not have time to complete the registration process, so multiple time saving options are available

1. Scan a barcode OR click **Register Patient/Resident > With Scanner.**

2. Confirm message: Barcode is located. You can register a new Patient/Resident with it.

3. **If time allows,** enter first name, last name, date of birth (mm/dd/yyyy), gender, etc.

4. Verify the Evacuation Operation OR select another operation from the list.

5. Verify the patient/resident current location is correct.

6. Select the Intended Destination Organization type, if necessary.

7. Select the Intended Destination.

8. Enter the Bulk Group; such as bus no. or transportation description.

9. Click **Register.** If the required fields are not complete, you will receive an error message. Click **Override** to bypass the error.

10. Confirm message: Patient/Resident info is updated.

Evacuating Facility: Updates Multiple Patient/Resident

e-FINDS Administrator Role Only

1. Click **Update Patient/Resident > Multi Patient/Resident Update.**

2. Verify your location.

3. Select the Action Type: **Releasing Patient/Resident From this Location,** OR **Change Operation for Patient/Resident at this Location.**

4. Select the Intended Destination.

5. Enter the Bulk Group, for example transport via bus.

6. Click **Load All Patient/Resident.**

7. Select All OR select Update for each patient/resident.

8. Click **Release Selected Patient/Residents OR Change Operation for Selected Patient/Resident.**

9. Verify Successfully updated {#} Patient/Resident.

Evacuating Facility: Generates Barcoded PDF Log OR Uploadable Barcoded Spreadsheet

e-FINDS Administrator Role Only

1. Click **Manage Barcodes > Generate Barcodes Spreadsheet.**
2. Select or verify the current location.
3. Enter Start and End barcode numbers, e.g., 4—13 for ten patient/residents to be relocated.
4. Select the PDF if you want a scannable barcode log OR select EXCEL for the upload patient/resident option.
5. Click **Generate.**
6. Print the PDF OR save the Excel spreadsheet to your computer.

Note: PDF files cannot be uploaded, but could be sent with transport. The Excel file can be updated with patient/resident information and uploaded to e-FINDS. See upload instructions below.

Evacuating Facility: Uploads Multi Patient/Resident File

1. Click **Register Patient/Resident > Patient/Resident Upload File.**
2. Verify the Evacuation Operation and current Location.
3. Click **Browse.**
4. Locate the Excel file with **saved** patient/resident information.
   Hint: search for nys_e-FINDS file name with facility id, date and time.
5. Click **Open** to add file.
6. Click **Upload.**
7. Verify the patient/resident information is updated, and edit information as needed.
8. Click **Save All Patients/Residents.**

Note: If the Excel file has no patient or resident information, then the file cannot be uploaded.

Shelter-in-Place (SIP)

If an evacuating facility determines that a patient or resident would be safer if **not** moved to another location, then the patient or resident will shelter in place. If the patient or resident is already registered in e-FINDS, then click Shelter-In-Place to change the Intended Destination to the current location.

Quick Search

1. Click **Home** on the e-FINDS menu bar.
2. Scan a barcode, enter a barcode number, OR enter first or last name in Quick Search (located top right).
   If necessary click **Quick Search.**
3. Locate the correct patient/resident record.
4. Click the Barcode (Serial ID) link.
5. Verify: Patient/Resident is found. You can update the information.
6. View, Add, or change the necessary information.
7. Click **Update Patient/Resident.**

If a person has never been to your facility, you will NOT be able to search for them.

Receiving Facility: Updates Patient/Resident with Scanner

1. Click **Update Patient/Resident > With Scanner**
2. Scan a barcode and click **Submit,** if necessary.
3. Confirm message: Barcode is located. You can register new Patient/Resident with it OR Patient/Resident is found. You can update the information.
4. Enter or confirm information, including Evacuation Operation and the current patient/resident location.
5. Click **Register, Update,** or **Override.**
6. Confirm message: Patient/Resident info is updated.

Receiving Facility: Updates Patient/Resident without Scanner

1. Click **Update Patient/Resident > Multi Patient/Resident Update.**
2. Verify your location.
3. Select **Checking in Patients/Residents into this location.**
4. Verify the patient or resident is correct.
5. Click **Select All** OR **Update** for each patient or resident being received.
6. Click **Check in Selected Patient/Resident.**
7. Confirm Message: Successfully updated {correct #} of Patient/Resident.

Ulster County School Districts			Lead Free	Sample Survey
Ellenville	Ellenville Elementary School	K-4,	X	
	Ellenville Middle School	5-8	X	
	Ellenville High School	9-12	X	
New Paltz	Duzine School	PK-2		
	Lenape	3-5		
	New Paltz Middle School	6-8		
	New Paltz Senior High School	9-12		
Rondout Valley	Kerhonkson Elementary School	K-4		
	Marbletown Elementary School	K-4		
	Rondout Valley Middle School	5-8		
	Rondout Valley High School	9-12		
Onteora	Woodstock Elementary	K-6	X	X
	Phoenicia Elementary	K-6	X	X
	Reginal Bennett Elementary	K-6	X	X
	Onteora Middle School	7-8	X	X
	Onteora High School	9-12	X	X
Saugerties	Cahill Elementary	K-6,	X	X
	Grant T Morse Elementary	K-6	X	X
	Mount Marion Elementary	K-6	X	X
	Riccardi Elementary	K-6,	X	X
	Saugerties Junior High School	7-8	X	X
	Saugerties High School	9-12	X	X
Highland	Highland Elementary School	K-5	X	
	Highland Middle School	6-8		
	Highland High School	9-12		
Marlboro	Marlboro Elementary School	K-5	X	X

	Marlboro Middle School	6-8	X	
	Marlboro Central High School	9-12	X	
Wallkill	Leptondale Elementary School	K-6	**X**	**X**
	Ostrander Elementary School	K-6	X	X
	Plattekill Elementary School	K-6	X	X
	John G Borden Middle School	7-8,	X	X
	Wallkill Senior High School	9-12,	X	X
Kingston	Chambers School	K-5		
	ER Crosby Elementary	K-5,		
	Ernest S Myer School	K-5		
	George Washington Elementary	K-5,		
	Harry L Edson	K-5		
	John F Kennedy	K-5		X
	Robert R Graves	K-5		X
	J. Watson Baily Middle School	6-8		X
	M. Clifford Miller Middle School	6-8		X
	Kingston High School	9-12		X