

ULSTER COUNTY BOARD OF HEALTH

April 11, 2016

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

- a. Approval of the December 2015, January, February and March 2016 minutes
- b. Vote to accept the amendments of the Sanitary Code

- **NEW BUSINESS**

- a. Commissioner's Report
 - Findings of Fact: Old Homestead Mobile Home Park
 - Zika Update
- b. Medical Examiner Report
- c. Patient Services
 - Influenza Prevalent- Mandated Staff Influenza Vaccination 2015-16 Reporting
 - Home Care Regulation: Transfer Assistance Level (3/2016)
 - LHCSA Policy : Emergency and Disaster Preparedness (updated 3/9/16)
 - LPPP Grant Deliverable report to BOH

MEETING CONCLUSION

Ulster County Board of Health
April 11, 2016

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

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

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

ABSENT: None

EXCUSED: Marc Tack, DO, Board Member
Douglas Heller, MD, Medical Examiner
Shelley Mertens, Environmental Health Director
Amy McCracken, Deputy Commissioner of MH

- I. Approval of Minutes:** A motion was made by Ms. Cardinale to approve the December 2015, January 2016, February 2016 and March 2016 minutes. The motion was seconded by Mr. Graham and unanimously approved.
- II. Sanitary Code Amendment Vote:** The Public Hearing to amend the Sanitary Code was held on Monday, March 14, 2016, 6:30 PM in the Legislative Chambers. A motion was made by Ms. Hildebrandt to approve the amendments. The motion was seconded by Ms. Kelly and unanimously approved.
- III. Agency Reports:**

a. Commissioner's Report: Dr. Smith reported on the following:

- **Findings of Fact: Old Homestead Mobile Home Park:** Dr. Smith reviewed the history of the facility violations and the Ulster County hearing process for such non-remediated violations. The Decision after Hearing was distributed to the Board (see attached) for review and vote on the proposal to impose a fine of \$1000.00 on the violation of Article VI, Section 6.6.1 and a fine of \$1000.00 on the violation of an Order of the Ulster County Commissioner of Health pursuant to Article 1, Section 1.17.6. The Board expressed their concern about the lack of response from the park owner and suggested working with the building inspector to condemn the one mobile home verses revoking the permit. Dr. Smith stated that UCDOH will continue to work with the County Attorney's Office for a resolution plan. A motion was made by Dr. Delma to impose the fine of \$2000.00. The motion was seconded by Ms. Kelly and unanimously approved. The Board also requested the review and reconsideration of how the fines are determined in such instances as these. Dr. Smith will research and present her findings at the next Board Meeting
- **Zika Update:** On March 30th, NYSDOH Commissioner Dr. Zucker, issued a "Declaration of an Imminent Threat to Public Health for Zika Virus Disease". Consistent with this mandate,

Ulster County DOH must submit a draft of a "Zika Action Plan" to the NYSDOH by April 15th and a final submitted by April 30th. One key component of the plan involves sponsoring a public awareness campaign on the nature of the threat and ways to control the spread of the Aedes mosquito. UCDOH is also working with the NYSDOH to plan mosquito trapping and eradication efforts. Zika information literature was distributed to the Board (see attached).

- b. Medical Examiner's Report: The Medical Examiner's report was distributed for review (see attached). The January stats will be added to the table once they have been received.
- c. Patient Service's Report: Ms. Veytia reported on the following:
- **Mandated Staff Influenza Vaccination Reporting**: Acting New York State Health Commissioner Dr. Howard Zucker declared influenza prevalent in New York State on February 11, 2016. With this declaration, health care workers who are not vaccinated against influenza must wear masks when working with patients. To date 100% of UCDOH LHCSA personnel are vaccinated and 87.5% of Article 28 Diagnostic and Treatment Center staff have been vaccinated. Periodic unscheduled compliance checks are being done to ensure that unvaccinated staff are wearing masks.
 - **Home Care Regulation: Emergency and Disaster Preparedness - Transportation Assistance Levels Policy**: A policy was developed with the goal of maximizing valuable resources and staff in the event of a crisis. The purpose is to quickly and accurately identify the levels of patient care prioritization and Transportation Assistance Levels (TAL) (See attached). Each patient's classification and TAL levels will be determined upon admission by the nurse.
 - **Lead Grant Report**: The deliverable report of the Lead Grant Program was distributed to the Board for review (see attached).

IV. **Meeting Adjournment**: A motion was made to adjourn the meeting by Ms. Hildebrandt, motion was seconded by Mr. Graham and unanimously approved.

V. **Next Meeting**: The next meeting is scheduled for May 9, 2016, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:



Mary Ann Hildebrandt, MPA
Secretary - Board of Health

THE LAW OFFICES OF SARAH E. RAKOV, ESQ.
12 John Street
Kingston, New York 12401
(845) 339-3492
Fax (845) 339-3493

Date: April 6, 2016

To: Katrina Kouhout

Phone: 845-334-8337

Re: Ulster County Department of Health v. Gregory Soltanoff

cc: Andrew Zweben, Esq.

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April 11, 2016

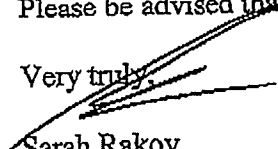
Katrina Kouhout
Department of Health
239 Golden Hill Lane
Kingston, NY 12401

Re: Ulster County Department of Health v. Gregory Soltanoff

Dear Ms. Kouhout:

Enclosed please find the Decision after Hearing relative to the above referenced matter.
Please be advised that I am sending the original by way of regular mail.

Very truly,


Sarah Rakov
SER/gp

CHARGE 2:

Respondent violated an Order of the Ulster County Commissioner of Health in that he failed to comply with the terms of an Agreement and Stipulation entered into on December 3, 2015, pursuant to Article I, Section 1.17.6 of the Ulster County Sanitary Code. The agreement and stipulation constitutes an Order of the Ulster County Commissioner of Health.

A Hearing to determine if the Respondent had indeed violated Article VI, Section 6.6.1 and whether Defendant failed to comply with the terms of an Agreement and Stipulation entered into on December 3, 2015 pursuant to Article I, Section 1.17.6 of the Ulster County Sanitary Code was held on March 15, 2016. Ulster County was represented by Andrew Zweben, Esq. and Respondent failed to appear after the Hearing Officer conducting the Hearing waited 30 minutes after the scheduled time for the Hearing has passed. Ulster County called two witnesses in support of its case, James Rodden and Jeffrey DeKoskie.

THE TESTIMONY AT HEARING

On September 22, 2015, Respondent was mailed a Notice from Ulster County Public Health Worker Jeffrey DeKoskie that his property known as Old Homestead Trailer Park, located at 7-15 Joshua Avenue, Wawarsing, NY, more specifically within the mobile home park at the address of 3rd Street Trailer #6, in the Town of Wawarsing, County of Ulster, State of New York was in violation of Article VI, Section 6 of the Ulster County Sanitary Code. Exhibit 5 in evidence. Specifically Respondent was advised that he was in violation of the above code due to a failed septic system wherein septic effluent was observed on the ground surface. Exhibit 5 in evidence. Mr. DeKoskie testified, whose testimony is credited in full, that on September 10, 2015 he received a complaint. His testimony on page 9, lines 4-19 was as follows:

4 Q. And were you present in the park in

5 early September of 2015?

6 A. Yes, I was.

7 Q. At the time that you were present, did

8 you receive a complaint from someone concerning a septic system on
the property?

10 A. Yes, I did.

11 Q. Do you recall what day that was that
12 you were present?

13 A. I believe it was September 10, 2015?

14 Q. And in response to the complaint, what
15 did you do?

16 A. I went and verified that there was
17 sewage on the ground at lot six, 3rd Street, and
18 then I wrote a violation letter to Dr. Soltanoff on
19 September 22nd, 2015.”

Mr. DeKoskie further testified that prior to sending the violation letter he called Respondent to give him an opportunity to correct the problem, page 9 lines 20-25.

The owner of the property located at 7-15 Joshua Avenue, Wawarsing, NY, more specifically within the mobile home park at the address of 3rd Street, Trailer #6 in the Town of Wawarsing is Mobile Home Park, L.L.C. as evidenced by the Deed submitted by Ulster County at the hearing. Exhibit 4 in evidence. Respondent, Dr. Soltanoff is the managing member of the L.L.C that owns the subject property as he signed the Permit to Operate Renewal Application for Old Homestead on December 6, 2015. Exhibit 11 in evidence. After speaking to Respondent on the phone and prior to sending the violation letter Mr. DeKoskie inspected the subject property again. His testimony on page 10, lines 2-9 was as follows:

14 Q. I'm going to show you what's been
15 entered into evidence as Petitioner's 5 and ask you
16 if you can identify that?

17 A. This is the violation letter that I
18 wrote to Greg Soltanoff.”

Mr. DeKoskie then sent the aforementioned letter dated September 22, 2015. Page 10, Lines 14-18. Mr. DeKoskie went several more times to the property and the septic problem was not corrected. Page 10, Lines 19-25.

On November 17, 2015 a Preliminary Informal Hearing Notice was sent to Respondent which contained a date for the hearing of December 3, 2015. Exhibit 6 in evidence. Testimony of Mr. Rodden establishes that he signed said Notice. Pages 5-6, Lines 21-4. Pursuant to this Notice an informal hearing was held on December 3, 2015 wherein the Ulster County Department of Health was represented by Denise Woodvine, James Rodden, and Steve Britton and the Respondent was represented by Lauren Finch. Exhibit 7 in evidence. As a result of this meeting an Agreement and Stipulation was signed by Denise Woodvine and Lauren Finch wherein it was stipulated that a violation of Ulster County Sanitary Code Article VI existed at The Old Homestead Trailer Park operated by Dr. Greg Soltanoff and it was agreed that repairs would be done to cure said violation by December 30, 2015. Exhibit 8 in evidence. It is clear from this and the document Respondent faxed to the Ulster County Health Department on December 29, 2015 from Respondent that Respondent was well aware of the actions needed to be taken to cure the violation. Exhibit 9 in evidence. Subsequent to the Informal Hearing held on December 3, 2015, Mr. DeKoskie went to the subject property to inspect the condition again. His testimony on page 5, lines 11-12 was as follows:

13 Q. And that hearing was held on -- or that
14 hearing was held on the 3rd of December. Did you
15 make any visits to the property subsequent to the
16 3rd of December?

17 A. Yes, I did.

18 Q. And at any time did you see the -- was
19 the violation corrected?

20 A. There was a septic contractor that
21 pumped out the tank, at number six, 3rd Street, and
22 the conditions after the pump out went right back to
23 the way they were before activities occurred.

24 Q. And did you make any visits -- how many

25 visits approximately did you make subsequent to the
2 hearing and prior to yesterday?

3 A. I would say two approximately.

4 Q. At any time did you see any change in
5 condition?

6 A. No.”

It is apparent from this testimony that the violation was not rectified by December 30,
2015 as agreed to in the aforementioned Stipulation and Agreement.

Mr. DeKoskie further testified that on March 14, 2016 he inspected the subject
property again and found that the condition of the septic to be similar to that of the
previous times he inspected the property. Page 12, Lines 4-25. In addition to this
testimony, Mr. DeKoskie took a photograph of the property which he testified was
standing waste water Exhibit 10 in evidence.

It is the finding of this officer that the Respondent was given proper Notice of the
violation of the Ulster County Sanitary Code and failed to cure the violation.

Finally, Ulster County has proven that Respondent, Greg Soltanoff, was given
proper Notice of the Hearing and the charges against him as evidenced in Exhibits 1, 2,
and 3. After the testimony of Mr. DeKoskie the County rested. The Respondent after
having been given proper Notice of the hearing failed to appear and presented no
evidence or testimony.

FINDINGS OF FACT

Respondent was provided proper Notice of the hearing and is in Default. Exhibits
1, 2, and 3.

Respondent was on Notice of the Septic Condition Violation as early as
September 27, 2015 and failed to cure the violation. Exhibit 5 and pages 9-10, lines 7-13.

Respondent is the managing member of the Mobile Home Park L.L.C (Exhibit
11).

Old Homestead Trailer park is owned by Mobile Home Park L.L.C. and owns the
subject property located at 7-15 Joshua Avenue, Wawarsing, NY, more specifically

within the mobile home park at the address of 3rd Street, Trailer #6, in the Town of Wawarsing, County of Ulster, State of New York. Exhibit 4.

There existed on September 10, 2015, and as of the date of the hearing, a septic condition that went uncorrected despite a Stipulation and Agreement to do so dated December 3, 2015. Exhibit 8 and pages 5-7, lines 21-21.

As of the date of this hearing, the septic condition still existed without cure. Page 12, lines 4-25.

CONCLUSIONS OF LAW

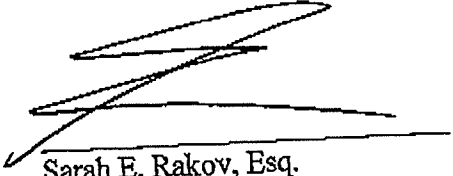
This Hearing Officer finds by the required quantum of proof that Respondent, Gregory Soltanoff by his agent, Lauren Finch, admitted a violation of Article VI, Section 6.6.1 of the Ulster County Sanitary Code, specifically that a pond of sewage was found on September 10, 2015 at 7-15 Joshua Avenue, Wawarsing, NY, more specifically within the mobile home park at the address of 3rd Street, Trailer #6, in the Town of Wawarsing, New York.

This Officer further finds that this condition went uncorrected after the signing of a Stipulation and Agreement in violation of Article 1, Section 1.17.6 of the Ulster County Sanitary Code as the Stipulation and Agreement constitutes an order of the Ulster County Commissioner of Health.

PENALTY

Based on the above Findings of Fact and Conclusions of Law, this Hearing Officer recommends to the Ulster County Board of Health that they impose a fine of \$1,000.00 on the violation of Article VI, Section 6.6.1 and a fine of \$1,000.00 on the violation of an Order of the Ulster County Commissioner of Health pursuant to Article 1, Section 1.17.6.

Dated: 9/11/2016


Sarah E. Rakov, Esq.
Judicial Hearing Officer
County Of Ulster, State of New York



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 10, 2016

TO: Healthcare Providers, Hospitals, Local Health Departments (LHDs)

FROM: New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control (BCDC) and Wadsworth Center Laboratory (WC)

**HEALTH ADVISORY: EXPANSION OF ZIKA VIRUS TESTING TO PREGNANT
WOMEN WHO HAD UNPROTECTED SEX WITH A PARTNER WHO TRAVELED TO
AN AREA WITH ACTIVE MOSQUITO-BORNE TRANSMISSION OF ZIKA VIRUS**
*Please distribute to the Infection Control Department, Emergency Department, Infectious Disease
Department, Obstetrics/Gynecology (including Nurse Practitioners and Midwives), Neurology,
Family Medicine, Travel Medicine Service, Pediatrics, Director of Nursing, Medical Director,
Laboratory Service, Pharmacy, and all patient care areas.*

- On February 23, the Centers for Disease Control and Prevention (CDC) issued a Health Advisory that announced 14 reports of possible sexual transmission of Zika virus, including several involving pregnant women.¹ Information about sexual transmission of Zika virus and actions that can be taken to prevent transmission are available at <http://www.cdc.gov/zika/hc-providers/index.html>.
- NYSDOH is expanding Zika virus testing availability to all pregnant women who, during pregnancy, had unprotected vaginal, anal or oral sex with a sex partner who traveled to an area with active mosquito-borne transmission of Zika virus.
 - Previously, NYSDOH offered testing only to pregnant women who themselves traveled to an area with active mosquito-borne transmission of Zika virus during their pregnancy.
 - Testing is available regardless of whether the sex partner had symptoms consistent with Zika virus infection.
 - Infants with microcephaly or intracranial calcifications born to these non-traveling, pregnant women are also eligible for testing.
- NYSDOH is investigating one possible case of sexual transmission of Zika virus to a pregnant woman whose only known risk factor was sexual contact with a symptomatic male partner who had recently traveled to an area with local Zika virus transmission.
 - To date, 40 cases of Zika virus have been reported in NYS. The other 39 cases were diagnosed in travelers from areas with ongoing Zika virus transmission. No cases of local transmission from a mosquito bite have occurred in the State.
- In addition to the expanded groups discussed above, Zika virus testing at the WC continues to be available for:
 - Pregnant women who traveled to an area with active mosquito-borne transmission of Zika virus while pregnant.

¹ Available at <http://emergency.cdc.gov/han/han00388.asp>

- Non-pregnant women, men or children who develop (or developed) compatible symptoms during or within 4 weeks of travel to an area with active mosquito-borne transmission of Zika virus.
- Persons who traveled to an area with active mosquito-borne transmission of Zika virus and who present with Guillain-Barré syndrome.
- Infants with microcephaly or intracranial calcifications born to women who traveled to an area with active mosquito-borne transmission of Zika virus while pregnant.
- **Preauthorization of testing by the LHD where the patient resides continues to be required.**
 Contact information and hours of operation for LHDs is available at https://www.health.ny.gov/contact/contact_information/.
 - If the patient resides in another state, the healthcare providers/or facility caring for the patient should directly contact the New York State Department of Health (NYSDOH) at 1-888-364-4723 between 9AM and 5PM weekdays for authorization.
 - The preauthorization process applies to all patients except infants. Healthcare providers and facilities caring for these infants should directly contact the New York State Department of Health (NYSDOH) at 1-888-364-4723 between 9AM and 5PM weekdays for consultation and facilitation of testing or, if a NYC resident, 1-866-692-3641 anytime.
- WC will perform molecular tests which detect the presence of the virus, as well as both screening and confirmatory tests for antibodies against Zika and other related viruses. Testing is not performed on the weekends.
 - PCR will be performed on specimens that were collected either within one month of the onset of symptoms or within six weeks of travel. PCR results are reported within a few business days of specimen receipt.
 - Specimens collected between the day of the patient's return from travel up until 9 months after return will be accepted for serology. Screening serology testing takes up to 7 days to complete from date of specimen receipt. Some patients will need confirmatory testing by plaque reduction neutralization testing (PRNT) to rule out the possibility of cross reactivity due to other related viruses such as dengue. PRNT takes an additional 10-14 days because it is dependent on the length of time it takes for virus to grow in culture. For some patients, a second serum specimen may be needed at least three weeks after the first specimen was collected to quantify the rise in antibodies.
 - Testing of semen is not currently available. CDC is actively studying the incidence and duration of seminal shedding from infected men and the utility and availability of testing in this context.
- Results of Zika virus testing will be made available to the ordering provider through the submitting laboratory and/or the LHD where the patient resides. Providers can access public health consultation for assistance with interpretation of results by calling their LHD or, if a NYC resident, 1-866-692-3641.
- Hospitals and providers must report suspected cases of Zika virus and all other arboviral diseases to the LHD **where the patient resides.**

If you have any questions, please contact your LHD or the NYSDOH Bureau of Communicable Disease Control at bcdc@health.ny.gov.



Information on Zika Virus Testing (outside of New York City)

1. Talk to your health care provider about Zika.

At this time, you can get tested if you:

- Are pregnant, and travelled to a place where Zika virus was being transmitted while you were pregnant
- Are a man or woman who become (or became) ill with symptoms of Zika virus within 4 weeks of travel to a place where Zika virus is being transmitted.

2. Get a “Zika virus testing approval form” from your local health department (LHD)

Your health care provider will work with you and your LHD to get this approval. (Contact information for LHDs is available at <http://www.nyscho.org/i4a/pages/index.cfm?pageID=3779>)

You must get approval from your LHD before you can get tested. The form can be emailed to you or your health care provider, or the LHD can give it to you. The form could also be faxed.

3. Get a Zika virus test prescription from your health care provider

In addition to getting LHD approval for testing, your health care provider will give you a prescription for the lab tests that are needed.

4. Call the collection site to see if an appointment is needed

A list of hospitals and their laboratory telephone numbers is available to your provider and local health department.

5. Go to the collection site

You need to bring the approval form from the LHD and the prescription from your provider. The sample collection site is not able to provide any lab testing unless you give them both the health department approval form and the healthcare provider's prescription.

At the collection site, blood and urine samples will be collected and sent to Wadsworth Center, the New York State public health laboratory, for Zika virus testing. There will be no charge to you for the blood and urine collection, shipping and testing. Make sure you wear short sleeves or sleeves that can easily be rolled up.

6. Results of your tests

Testing for Zika virus infection is a two-step process. The first test results will be available within a few days of the sample collection. However, in most cases, additional testing is required to determine if you were infected; these results may take up to 21 days due to the complicated nature of the tests involved. Some people may need additional blood samples collected three weeks after the first samples. Test results will be sent to your healthcare provider, and you can discuss your results and ask any questions you may have.

7. Questions?

Contact your local health department: https://www.health.ny.gov/contact/contact_information/

Contact the New York State Department of Health at 1-888-364-4723.

Instructions for Zika virus testing for NYC residents can be found at: <http://www1.nyc.gov/assets/doh/downloads/pdf/cd/zika-advisory4.pdf>



Mosquito Bite Prevention for Travelers

Mosquitoes spread many types of viruses and parasites that can cause diseases including chikungunya, dengue, Zika, and malaria.

Protect yourself and your family from mosquito bites. Here's how:



Cover up!

Wear long sleeved shirts and pants.



Use an EPA-registered insect repellent.

Follow the label instructions carefully.



If you are travelling with a baby or child:

Do not use insect repellent on babies younger than 2 months of age.

Dress children in clothing that covers arms and legs.



Keep mosquitoes out of your hotel room or lodging.

Look for air conditioning or screens on windows and doors.



Pregnant women should not travel to Zika areas.
If you *must* travel, take extra precautions.

Learn more:

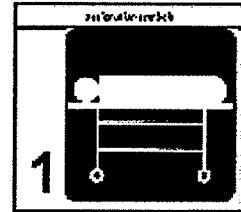
Zika Virus	https://www.health.ny.gov/diseases/zika_virus/
Mosquitoes and Disease	http://www.health.ny.gov/diseases/west_nile_virus/
Zika Information Line	1-888-364-4723

Medical Examiner's Report

Year	Call Received		Site Visits		Autopsies		Suicides		Motor Vehicle		Homicide	
	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016	2015	2016
January	35	TBD	1	TBD	8	TBD	0	TBD	0	TBD	0	TBD
February	34	33	3	2	8	16	0	2	0	0	0	0
March	34	31	7	9	11	13	2	2	0	0	0	0
April	27		1		5		2		0		0	
May	38		7		17		2		4		0	
June	35		2		15		5		1		0	
July	19		2		9		0		0		0	
August	32		3		15		3		6		0	
September	34		6		13		2		1		0	
October	29		3		14		2		0		0	
November	37		8		15		4		0		0	
December	34		3		16		1		0		0	
Total	388	64	46	11	146	29	23	4	12	0	0	0

Non-ambulatory [TAL-1]

Non-ambulatory patients/residents are those who require transport by stretcher. For emergency movement down stairs, they may be transferred to backboards, basket litters, or other appropriate devices, or rescue-dragged on their mattresses. **Note:** Rescue-drag is to be used as a last resort only. These patients/residents will be identified with a 'gurney' symbol when assessed for evacuation. These patients/residents are clinically unable to be moved in a seated position, and may require equipment ranging from oxygen to mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement. They may require clinical observation. These patients/residents may require one to two staff members (one clinical, one non-clinical) for movement, with additional staff as needed to manage life support equipment. Ambulance transport is required and in special circumstances (e.g. severe flooding) helicopter transport may be needed. These individuals must be accompanied by a clinical provider appropriate to their condition (e.g. EMT, paramedic, clinical staff member).



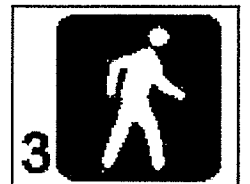
Wheelchair [TAL-2]

Wheelchair patients/residents are those who are unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen or a maintenance intravenous infusion during their relocation or evacuation. These patients/residents will be identified with a wheelchair symbol when evaluated for evacuation. They can be safely managed by a single non-clinical staff member. They may be transported as a group in a wheelchair-appropriate vehicle (e.g. medical transport van or ambulette) with a single staff member or healthcare facility-designated person accompanying them.



Ambulatory [TAL-3]

Ambulatory patients/residents are those who are able to walk the distance at a reasonable pace from their in-patient location to the designated loading area without physical assistance, and without any likelihood of resulting harm or impairment. These patients/residents will be identified with a 'walking figure' when assessed for evacuation. Ambulatory patients/residents shall be escorted by staff members, but may be moved in groups led by a healthcare facility-designated person. The optimum staff-to-patient ratio is 1:5. They can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto) with a healthcare facility-designated person accompanying them.



2015 Ulster County Annual Lead Poisoning Prevention Program Report

2015 Accomplishments

- **Developed LPPP and CLPPP educational program brochure for use in joint outreach and education efforts**
- **Continued educational office visits to pediatric and family practice providers**
- **Continued OB/GYN office visits and educational mailings to midwives in Ulster County and surrounding counties who offer service to UC women**
- **Continued monthly WIC clinic encounters with parents to provide teaching on lead poisoning prevention and risk reduction**
- **Continued visits to daycare/childcare agencies and provided teaching materials for parents and staff**
- **Continued daily LeadWeb review to monitor for elevated blood lead levels in infants and children and ensure appropriate follow up services**
- **Lead Poisoning Prevention Coordinator featured in appearance Ellenville Public Access TV Show, 'Spotlight on Wawarsing Series', in April 2015 to discuss lead poisoning prevention**

Key Statistics

- **54 - Number of outreaches to community partners**
- **28 - Number of pediatric providers visited**
- **21 - Number of OB/GYN/Midwives contacted by visit or mailing**
- **21 - Number of WIC clinics attended**
- **33 - Number of daycare centers visited**
- **2 - Number of media campaigns produced**

Collaborations with other County departments or outside agencies

- **Health Education Unit: actively participated in health fairs and educational outreach opportunities throughout Ulster County**
- **Wawarsing Council: provided educational information to community partners through council meetings**
- **Communicable Disease: provided educational materials through Assessment Feedback Incentive Exchange (AFIX) and Vaccine for Children (VFC) visits at physician practices**
- **Healthy Families Start: Met with the managers of both the Kingston and Ellenville program sites**

- **Regional Lead Resource Center: participated in the regional lead program staff gathering held in Putnam County with eight neighboring counties. Gathering was hosted by Montefiore Hospital Lead Program Regional Resource Center staff with objective of sharing ideas**
- **Joint LPPP and CLPPP billboard media campaign during October to coincide with National Lead Poisoning Prevention Week**

2015 Goals

- **Increase coordinated efforts between LPPP and CLPPP grant program to expand public outreach efforts and increase public awareness through media events**
- **Continue educational outreaches and increase healthcare provider and community partner encounters to include DSS and foster care programs within the county**
- **Attend Wawarsing Council meetings quarterly to promote lead poisoning risk reduction education to community partners and provide educational materials for extended agency outreach**
- **Continue nursing visits and case management to clients in both categories of elevated BLLs (10-14mcg/dl and \leq 15mcg/dl) identified through LeadWeb**