# **ULSTER COUNTY BOARD OF HEALTH**

August 14, 2017

#### **AGENDA**

#### CALL TO ORDER

- OLD BUSINESS
  - a. Approval of the July minutes
- NEW BUSINESS
  - a. Commissioner's Report (Dr. Smith)
    - Introduction of Administrative Specialist
    - Medical Examiner Office Update
    - Narcan Training for DSS Field Workers
    - Flu Clinic Rates for 2017
    - WIC Program and STD Relocation Update
    - NYSDOH Mosquito Borne Disease Activity
  - b. Environmental Health Report (Ms. Mertens)
    - Facility Inspection Numbers
    - Lifeguard Shortage Follow-up

MEETING CONCLUSION

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

Date: Monday, August 14, 2017

<b>Board Members</b>		Signature
Cardinale RN GCNS-BC, Anne	Board Member	Ann Excused
Delma MD, Dominique	Vice Chairman	(Delma, M).
Graham ESQ, Peter	Board Member	Pet Dulum Cor.
Hildebrandt MPA, Mary Ann	Secretary	Excused
Kelly RN, Elizabeth	Board Member	Elisabeth Kells
Tack DO, Marc	Board Member	Excused
Woodley MD, Walter	Chairman	Murerle.
Department of Health and Ment	al Health	Signature /
Smith, MD, MPH, Carol	Commissioner of Health and Mental Health	Earl Wante In 184
Heller MD, Douglas	Medical Examiner	Excused
Veytia RN, MSN, Nereida	Deputy and Director of Patient Services	Excused
Mertens PE, Shelley	Director of Environmental Health Services	Slyk
Guests		Signature
- Arabida,		
11		
10.00		
- · · · · · · · · · · · · · · · · · · ·		
The state of the s		
VALUE STATE		
· · · · · · · · · · · · · · · · · · ·	10	
	****	

#### Ulster County Board of Health August 14, 2017

Members PRESENT: Anne Cardinale, RN GCNS-BC, Board Member

Walter Woodley, MD, Chairperson Peter Graham, ESQ, Board Member Elizabeth Kelly, RN, Board Member Dominique Delma, MD, Vice Chair

DOH/DMH PRESENT: Carol Smith, MD, MPH, Commissioner of Health

Shelley Mertens, Environmental Health Director

GUESTS: None

ABSENT: None

EXCUSED: Mary Ann Hildebrandt, MPA, Secretary

Marc Tack, DO, Board Member

Douglas Heller, MD, Medical Examiner

Nereida Veytia, Deputy/Patient Services Director

I. Approval of Minutes: A motion was made by Dr. Woodley to approve the July 2017 minutes. The motion was seconded by Ms. Kelly and unanimously approved.

#### II. Agency Reports:

- a. Commissioner's Report: Dr. Smith reported on the following:
  - UCDOH/DMH Administrative Specialist: Dr. Smith introduced Mary Bell to the Board. Ms. Bell was hired to assist the Deputy Director for Administration with the vast amount of contracts the Department is responsible for. She was also hired to provide back-up support coverage to the Commissioner's Office. The Commissioner's Office deals an array of time sensitive issues/documents which often have a legal component. Ms. Bell comes to the Department with a background in paralegal work and is being trained on identifying and properly processing such issues/documents.
  - Medical Examiner Office Update:
    - The year-to-date ME report (1/1-7/31/17) was distributed for review. To date there have been 91 autopsies. The Board made a request that ME stats be compiled in such a way that would easily identify trends, e.g. ages, gender, townships, etc. The Commissioner's Office will work with their internal database employee to set up such reports. Dr. Smith also spoke of the Department's participation with the local High Intensity Drug Trafficking Area (HIDTA) program whose responsibility is to study overdose stats and identify trends that would reveal high drug trafficking areas within our region.
  - Narcan Training: The County Executive has asked that Narcan training be offered to all Department of Social Services' (DSS) field workers. Each worker will be given a kit to bring with them in the field upon successful completion of

- the training. The Commissioner's Office is currently in the process scheduling the training for the DSS staff.
- Flu Clinic Rates for 2017: The proposed flu clinic rates for 2017 were distributed to the Board (see attached) for review and approval. A motion was made by Ms. Cardinale to accept the proposed rates. The motion was seconded by Mr. Graham and unanimously approved.
- WIC Program and STD Relocation: Dr. Smith gave an update to the Board on the status of the WIC Program and the STD Clinic relocation. Progress continues to be made. There are weekly phone calls with the State to ensure the move is approved and done correctly. Dr. Delma expressed a concern about clients walking to the clinic and not having transportation. Dr. Smith confirmed that the bus does come to the 239 Golden Hill Lane location often and that WIC clients would be able to utilize it to attend clinics.
- NYSDOH Mosquito Borne Disease Activity: This report was distributed to the Board for review (see attached.). To date Ulster County has no confirmed mosquito borne disease activity.
- b. <u>Environmental Health Report</u> Ms. Mertens reported out on the following:
  - Facility Inspections: The UCDOH Environmental facility inspection report was distributed and reviewed with the Board (see attached.)
  - ATUPA Compliance: All facility inspections have been complete. There are a total of 21 facilities that were found in violation of selling to a minor (under the age of 18.) The Department is currently working with these facilities to collect their fines. The Guide for Tobacco Merchant brochure was distributed to the Board Members (see attached.) Those that do not submit their violation fines will be brought in for a hearing.
  - Polystyrene: There are still several camps that have not come into compliance with this local Law. The Department continues to work with the Departmental hearing attorney to schedule hearings for these facilities.
- III. Meeting Adjournment: A motion was made to adjourn the meeting by Dr. Delma, the motion was seconded by Ms. Cardinale and unanimously approved.

Gildebrande, MM

IV. Next Meeting: The next meeting is scheduled for September 11 2017, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:

Mary Ann Hildebrandt, MPA

Secretary - Board of Health

# Ulster County Board of Health July 10, 2017

#### Members PRESENT:

Walter Woodley, MD, Chairperson Mary Ann Hildebrandt, MPA, Secretary Elizabeth Kelly, RN, Board Member Dominique Delma, MD, Vice Chair

DOH/DMH PRESENT: Carol Smith, MD, MPH, Commissioner of Health

Nereida Veytia, Deputy/Patient Services Director

**GUESTS:** 

None

ABSENT:

None

EXCUSED:

Anne Cardinale, RN GCNS-BC, Board Member

Peter Graham, ESQ, Board Member Marc Tack, DO, Board Member

Shelley Mertens, Environmental Health Director

Douglas Heller, MD, Medical Examiner Amy McCracken, Deputy Commissioner of MH

I. Approval of Minutes: A motion was made by Dr. Woodley to approve the May 2017 minutes. The motion was seconded by Ms. Hildebrandt and unanimously approved.

#### II. Agency Reports:

- a. Commissioner's Report: Dr. Smith reported on the following:
  - Medical Examiner Office Update:
    - Dr. Smith gave an update on the new Medicolegal Investigator, Raquel L. Pallak, who was appointed back in January 2017. Ms. Pallak has been a good fit for the Department coming in with a strong background with scene investigations, working with grieving families and maintaining good rapport with other agencies such as law enforcement and funeral homes. Recently, Ms. Pallak assisted the Environmental Health Division with the scene investigation of a youth drowning at a permitted camp facility.
    - The year-to-date ME report (1/1-6/30/17) was distributed for review. To date there have been 73 autopsies, of which 2 are pending toxicology and final report. There are 24 cases with suspected opioid use of which 1 was ruled out, leaving 23 confirmed opioid cases.
  - Polystyrene: There are approximately 10 camps who do not want to comply with the local law. The facilities have been inspected to confirm non-compliance. Letters are being sent to the facilities notifying them of the compliance issue and if non-compliance continues the facility will be brought in for a hearing.
  - Lifeguard Shortage: It has been brought to the Commissioner's attention that there is a shortage for

summer Lifeguards in Ulster County. Dr. Smith spoke to the YMCA's CEO to discuss the issue. Many youth do not want to invest in the required \$300 training for such a short period of time. Litigation is also a concern. Dr. Woodley recommended working with high school/college swim teams and offering scholarships. He will discuss at the next Healthy Kingston Council meeting.

- b. Patient Services Updates: Ms. Veytia reported on the following:
  - Public Health Preparedness Deliverables:
    - Outbreak Response Drill: As part of the NYS Preparedness Program deliverables, UCDOH will be required to conduct and outbreak response drill. This will be a non-pharmaceutical drill and will most likely be a response to pandemic Novel Influenza outbreak. The drill is scheduled to be conducted first quarter of 2018. Currently there is an established MOU with Edson Elementary. Ms. Veytia is working with the school to schedule a date. The end of March during spring break is being considered.
    - Incident Command System (ICS): Beginning July 2017
      Mental Health staff will be trained in the Incident
      Command System and be required to participate in
      future drills. This is already an established
      requirement for DOH staff.
    - Psychological First Aid Train the Trainer: Selected DOH will be participating in these trainings. Of the first to be trained will be the Preparedness Program Education Coordinator.
  - WIC Program and STD Relocation: The WIC program and the STD clinic will be relocated from their current Aaron Court location to the Golden Hill Office Building (GHOB). The Aaron Court facility is a leased building whereas the GHOB is owned by the County. Currently Ms. Veytia is working with key DOH staff, NYS WIC Program as well as with the County Buildings and Grounds and Information Services to solidify a plan and coordinate efforts. The timeline is for the move to occur by the end of 2017.
  - Communicable Disease Program: NYSDOH Advisories for Mosquito Borne Disease Activity and Legionellosis was distributed to the Board for review (see attached).
- III. Meeting Adjournment: A motion was made to adjourn the meeting by Dr. Delma, the motion was seconded by Ms. Hildebrandt and unanimously approved.
  - IV. Next Meeting: The next meeting is scheduled for September 11 2017, 6:30 PM at the Golden Hill Office Building.

Respectfully submitted by:

Mary Ann Hildebrandt, MPA Secretary - Board of Health

# FLU CHARGE CALCULATION - 2017 Prepared by K Nelson 07/11/17

Cost Per Dose	100	Flu		
2014 Count:		161	161	
2015 Count:		148	148	
2016 Count:		81	81	
Admin Cost (Est)				
Nursing PS/FB	\$	6.62	2016 Cost \$6.39	
Clerical PS/FB	\$	2.56	2016 Cost \$2.16	
Tot PS/FB	\$	9.18	1	
Vaccine Cost	\$	16.02	2016 Cost 16.3 Per 01/10/17 PO #2017-76	
Supply	\$	0.21		
Total Est Cost per dose	\$	2500		
Recommendation	\$	26.00	]	
Charges Adopted by BOH			2016 Chgs Adopted by BOH = \$26.0	0

	NURSI	NG COST	
PS Calculation			
Avg Time per Shot		8	(Minutes) Shot + Med Eval & Educ
Avg Nursing Rate	\$	31.08	
PS Cost per Shot	\$	4.14	
FB @ 59.80%	\$	2.48	
PS + FB	\$	6.62	

<u>Supply</u>		
Syringe Alcohol Prep	\$ 0.18	16-19 NYS PC 66414 Bid Price
Alcohol Prep	\$ 0.00845	16-19 NYS PC 66414 Bid Price
Band Aid	\$ 0.02150	16-19 NYS PC 66414 Bid Price
Supplies Cost	\$ 0.21	Note: Syrg cost down; Alco Prep & Bandaid up.

Fee Collection & Bill Processing		
Avg Billing Hrs	5.40	(4 min x 81 shots)/60
Avg Clerk rate	\$ 23.98	
PS Cost	\$ 129.51	-
FB @ 59.80%	\$ 77.45	Last "Actual" published 3/1/17 Comm
PS + FB	\$ 206.96	of Finance, B Gulnik
Cost per Shot	\$ 2.56	Ttl Clerk PS / Est Doses Administered

Nursing Rate Avg				
Alexander	\$	31.03		
Dittus	\$	31.54		
Lantos	\$	30.48		
Nerone	\$	31.47		
Vacant	-			
Pomerantz	\$	31.03		
Smith	\$	33.45		
Snyder	\$	28.57		
	\$	217.57		
Avg =	\$	31.08		

Cle	rical	
Jordan	\$	25.15
McTague	\$	25.62
Russo	\$	21.18
	\$	71.95
Avg =	\$	23.98

#### 07/11/17 Notes to self:

Need to fill in last year's rates above

Hourly PS rates should be updated to 4QYY rates

Get cost of Syringe - what kind, size, etc. (3cc / 22 guage / 1") per 15-17 NYS PC 66414 Bid Price

Get cost of Alcohol Prep & what size (smallest one per NV) - Per 15-17 NYS PC 66414 Bid Price

Get Cost of Bandaid & what kind (standard bandaid or cottonball & tape) - Per 15-17 NYS PC 66414 Bid Price

Confirm # of shots per bottle (Prefilled Syringes = 1 Dose / Flu Via = 10 Doses)

Rcommended charges s/b rounded up to the nearest dollar (covers a portion of overhead not calculated into the cost)



# NYSDOH STATEWIDE MOSQUITO-BORNE DISEASE ACTIVITY REPORT August 9, 2017

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on mosquito-borne disease activity in New York State (NYS) and produces this weekly report during the mosquito season. Data in this report reflects testing performed by both NYSDOH's Wadsworth Center Laboratories (WC) and the New York City Department of Health and Mental Hygiene's (NYCDOHMH) Public Health Laboratory (PHL). Reports are generally issued on Wednesdays and reflect data reported through the previous Saturday.

#### Summary:

From July 30 through August 5:

#### West Nile Virus (WNV):

- 137 WNV-positive mosquito pools were identified (Erie 4, Nassau 13, Onondaga 1, Rockland 6, Suffolk 22, Westchester 1, NYC 90).
- o 0 human cases of WNV infection were reported.
- o 0 equine cases of WNV infection were reported.
- 1 WNV presumptive viremic donor was reported to CDC (Oneida). The donor was asymptomatic.<sup>4</sup>

#### Eastern Equine Encephalitis Virus (EEEv):

- o 1 EEEv-positive mosquito pool was identified (Oswego).
- o 0 human cases of EEEv infection were reported.
- 0 equine cases of EEEv infection were reported.

#### Zika Virus (ZIKV):

- Aedes albopictus was not identified in any additional counties. Aedes aegypti was not identified anywhere in the State.
- o 0 mosquito pools were positive for Zika virus.
- o 7 human cases (Westchester 1, NYC 6) were reported to NYSDOH, all of which were travel-associated.
- 0 pregnant women with laboratory evidence of possible Zika virus infection were reported to the Centers for Disease Control and Prevention's (CDC) Zika Pregnancy Registry by NYSDOH.<sup>1</sup>
  - NYCDOHMH directly reports pregnant women with laboratory evidence of possible Zika virus infection who reside within NYC to CDC's Zika Pregnancy Registry.
- 0 cases of local, mosquito-borne transmission (LMBT) were identified.<sup>2</sup>

#### Chikungunya Virus (CHIKV), Dengue Virus (DENV), and Malaria:<sup>3</sup>

- 0 human cases of CHIKV infection were reported to NYSDOH. No cases of LMBT were identified.
- 1 human case of DENV infection (Nassau) was reported to NYSDOH. No cases of LMBT were identified.
- 3 human cases of Malaria infection (Columbia 1, Oswego 2) were reported to NYSDOH, all of which were travel-associated. No cases of LMBT were identified.

#### Year to date:

#### WNV:

- o 346 WNV-positive mosquito pools have been identified.
- o 1 human case of WNV infection has been reported.
- o 0 equine cases of WNV infection have been reported.
- 1 WNV presumptive viremic donor was reported to CDC. The donor was asymptomatic.<sup>4</sup>

#### • <u>EEEv:</u>

- 1 EEEv-positive mosquito pool has been identified.
- o 0 human cases of EEEv infection have been reported.
- o 0 equine cases of EEEv infection have been reported.

#### ZIKV:

- Aedes albopictus has been identified in 5 counties (Nassau, Putnam, Rockland, Suffolk, Westchester) and in NYC. Aedes aegypti has not been identified anywhere in the State.
- o 0 mosquito pools have been positive for Zika virus.
- 138 human cases have been reported to NYSDOH, all of which were travelassociated.
- 36 pregnant women with laboratory evidence of possible Zika virus infection have been reported to the CDC's Zika Pregnancy Registry by NYSDOH.
  - NYCDOHMH directly reports pregnant women with laboratory evidence of possible Zika virus infection who reside within NYC to the Zika Pregnancy Registry.
- No cases of LMBT have been identified.

#### CHKV, DENV, and Malaria:

- 1 human case of CHIKV infection has been reported to NYSDOH, which was travelassociated. No cases of LMBT have been identified.
- 3 human cases of DENV infection have been reported to NYSDOH, all of which were travel-associated. No cases of LMBT have been identified.
- 35 human cases of Malaria infection have been reported to NYSDOH, all of which were travel-associated. No cases of LMBT have been identified.

<sup>&</sup>lt;sup>1</sup> CDC criteria for reporting pregnant women with laboratory evidence of possible Zika virus infection differ from that used to report cases of ZIKV infection/disease. Additional information can be found at <a href="https://www.cdc.gov/zika/reporting/registry.html">https://www.cdc.gov/zika/reporting/registry.html</a>

<sup>&</sup>lt;sup>2</sup> Local, mosquito-borne transmission is defined by the absence of the following epidemiological risk factors: recent travel to a country or region with known active ZIKV transmission OR sexual contact with a recent traveler from these areas; recent blood transfusion; recent laboratory exposure to ZIKV; or mother-to-child transmission during pregnancy.

<sup>3</sup> NYCDOHMH directly reports human cases of CHIKV, DENV and malaria infection to CDC.

<sup>&</sup>lt;sup>4</sup> Presumptive viremic donors (PVDs) are people who had no symptoms at the time of donating blood (people with symptoms are deferred from donating) through a blood collection agency, but whose blood tested positive in preliminary tests when screened for the presence of West Nile virus. Some PVDs do go on to develop symptoms after donation, at which point they would be included in the count of human disease cases by their state.

#### Count Inspections during Time Period- by Operation Type

Inspections of	Agricultural Fairgrounds	=	2
Inspections of	Bathing Beach	=	11
Inspections of	Campground	=	21
Inspections of	Children's Camp	=	97
Inspections of	Food Service Establishment	=	750
Inspections of	Institutional Food Service	=	78
Inspections of	Migrant Farmworker Housing	=	15
Inspections of	Mobile Food Service Establishment	=	37
Inspections of	Mobile Home Park	=	80
Inspections of	Public Water Supply	=	9
Inspections of	SED Summer Feeding Prog.	=	1
Inspections of	SOFA Food Service	=	2
Inspections of	Swimming Pool	=	170
Inspections of	Temporary Food Service Establishment	=	9
Inspections of	Temporary Residence	=	89
Inspections of	Vending Food Machine	=	2
Total Inspectio	ns for this Time Period =		1373

### FIELD VISITS & RE-INSPECTIONS BY OPERATION TYPE

Bathing Beach	=	6
Campground	=	5
Children's Camps	=	170
Food Service Establishment	=	250
Institutional Foods	=	19
Migrant Labor Camps	=	70
Mobile Food Service Establishment	=	27
Mobile Home Park	=	46
Public Water Supply	=	302
Swimming Pools	=	53
Septic Systems	=	481
Total Field Visits & Re-Inspections	=	1429
Total First Inspections	=	1373
Total Inspections to Date	=	2802

## 6-1.31 Aquatic Supervisory Skill Requirements:

The New York State Department of Health is responsible for review of training courses and/or certification programs to determine acceptability.

- (a) SUPERVISION LEVEL IIa POOL LIFEGUARD ONLY
  - o (1) The requirements of this Subdivision shall take effect May 15, 1993.
  - o (2) No person shall be qualified under this Subdivision unless such person:
    - (i) Has a minimum age of 16 years (15 years is acceptable if employed at a facility where a supervisory lifeguard is present); and
    - (ii) Possesses a Current A.R.C Basic Life Support for the Professional Rescuer, C.P.R. or equivalent certification; the certification period must not exceed one year; and
    - (iii) Demonstrates a current ability to Swim 300 yards non-stop using various strokes in good form; surface dive to minimum 9 foot depth and bring a 10 lb. object to surface; and tread water for one minute; and
    - (iv) Possesses a current certificate from a recognized certifying agency acceptable to the State Health Commissioner, or has within not more than a consecutive three year period of time completed a minimum of 15 hours (19 hours if first aid skill are included) of training acceptable to the Commissioner covering those items set forth below (Time periods do not include final examination time or conditioning swims):

The training course and recertification program will be determined to be acceptable if, after a review, all the materials submitted by the program sponsor are determined to be complete and substantially meet the requirements of this section. Instructors shall have sufficient experience and knowledge in lifeguarding to effectively communicate the subject matter required by this section.

- (a) Program Goals and Objectives
- (b) Preventive Lifeguarding
- (c) Victim Recognition
- (d) Equipment:
  - (1) Rescue (buoys, tubes, reach pole)
  - (2) Lifeguarding
  - (3) Safety
  - (4) Personal
- (e) Types of Emergencies:
  - (1) Life Threatening
  - (2) Non-Life Threatening
- (f) Spinal Injury Management
- (g) Special Situations:
  - (1) Hypothermia
  - (2) Heat Emergencies
  - (3) Seizures
- (h) Communication Systems
- (i) Emergency Action Plans
- (i) Physical Fitness Concepts
- (k) Weather and Environmental Conditions
- (I) Records and Reports
- (m) Skills Practice
  - (1) Water Entry
  - (2) Approaches

- (3) Moving Victim to Safety
- (4) Equipment Use (Reach Poles, Buoys, Tubes)
  - (5) Surface Diving and Under Water Swimming
- (6) Under Water Search
- (7) Lifts and Assists
- (8) Reaching Assists
- (9) Throwing Assists
- (10) Equipment Extension
- (11) Rescue Breathing With Flotation
- (12) Rescue Breathing Without Flotation
- (13) Defense
- (14) Escapes
- (15) Multiple Victim Rescues
- (16) Spinal Injury, Shallow Water
- (17) Spinal Injury, Deep Water
- (n) \*First Aid and Emergency Care \*(Possession of a valid American Red Cross Standard First Aid or equivalent certification may be substituted for this segment):
  - (1) Bleeding and Shock
  - (2) Choking
  - (3) Temperature Extremes
  - (4) Spinal Injuries
  - (5) Diabetic Emergencies
  - (6) Seizures
  - (7) Heart Attack and Strokes
  - (8) Fractures, Dislocations, Sprains and Strains
  - (9) Burns
  - (10) Eye and Nose Injuries
  - (11) Alcohol and Drug Overdoses
- (v) Such person must:
  - (a) Correctly answer at least 80 percent of the questions on a written and/or oral test on theory and knowledge; and
  - (b) Successfully perform/demonstrate skills; and
  - (c) Successfully:
    - (1) Demonstrate knowledge of:
      - (i) Approaches
      - (ii) Escapes
      - (iii) Carries/Tows
      - (iv) Spinal (Shallow Water) Entry, approach, turn and support victim
      - (v) Spinal (Deep Water) Entry, approach, turn and move victim to poolside or shallow end.
      - (vi) Rescue Tube Swim/Use
      - (vii) Surface Dive and Underwater Swim
- (b) SUPERVISION LEVEL IIb POOL & BEACH LIFEGUARD
  - o (1) The requirements of this Subdivision shall take effect on May 15, 1993.
  - o (2) No person shall be qualified under this Subdivision unless such person:
    - (i) Has a Minimum Age of 16 years (15 years is acceptable if a supervisory lifeguard is present); and
    - (ii) Has a Current A.R.C Basic Life Support for the Professional Rescuer, CPR or equivalent certification; the certification period must not exceed one year; and

- (iii) Demonstrates a current ability to swim 300 yards non-stop using various strokes in good form; and surface dive to minimum 9 foot depth and bring a 10 lb. object to surface; and tread water for one minute; and
- (iv) Possesses a current certification from a recognized certifying agency acceptable to the State Health Commissioner or has within not more than a consecutive three year period of time, completed a minimum of 20 hours (24 hours if first aid skills are included) of training acceptable to the Commissioner covering those items outlined below (Time periods do not include final examination time or conditioning swims):

The training course and recertification program will be determined to be acceptable if, after a review, all the materials submitted by the program sponsor are determined to be complete and substantially meet the requirements of this section. Instructors shall have sufficient experience and knowledge in lifeguarding to effectively communicate the subject matter required by this section.

- (a) Program Goals and Objectives
- (b) Preventive Lifeguarding
- (c) Victim Recognition
- (d) Equipment
  - (1) Rescue (buoys, tubes, reach pole, surf board, backboard, boat, mask, fins, snorkel)
  - (2) Safety/Lifeguarding (Lifelines, Lifeguards stands)
  - (3) Personal (Uniform/clothing, whistle, sunglasses, binoculars, sunscreen)
- (e) Orientation
- (f) In-service Training
- (g) Types of Emergencies
  - (1) Life Threatening
    - (2) Non-Life-threatening
- (h) Spinal Injury Management
- (i) Special Situations
  - (1) Hypothermia
  - (2) Heat Emergencies
  - (3) Seizures
- (i) Communication Systems
- (k) Emergency Action Plans
- (I) Waterfront Areas
- (m) Search & Recovery Equipment & Operations
- (n) Physical Fitness Concepts
- (o) Weather & Environmental Conditions
- (p) Records & Reports
- (q) \*First Aid and Emergency Care \*
   (Possession of a valid American Red Cross Standard First Aid or equivalent certification may be substituted for this segment):
  - (1) Bleeding and Shock
  - (2) Choking
  - (3) Temperature Extremes
  - (4) Spinal Injuries
  - (5) Diabetic Emergencies
  - (6) Seizures
  - (7) Heart Attacks and Strokes
  - (8) Fractures, Dislocations, Sprains and Strains
  - (9) Burns
  - (10) Eye and Nose Injuries

- (11) Alcohol and Drug Overdoses
- (r) Skills Practice
  - (1) Water Entry
  - (2) Moving Victim to Safety
  - (3) Equipment Use (buoys, tubes, poles, rescue board, back board, boat, mask, fins, snorkel)
  - (4) Surface Dive and underwater swimming
  - (5) Underwater Search
  - (6) Search & Recovery
  - (7) Lifts & Assists
  - (8) Throwing Assists
  - (9) Reaching Assists
  - (10) Equipment Extension
  - (11) Rescue Breathing with Flotation
  - (12) Rescue Breathing without Flotation
  - (13) Defense
  - (14) Escapes
  - (15) Multiple Victim Rescues
  - (16) Spinal Injury, Shallow Water
  - (17) Spinal Injury, Deep Water
- (v) Such person must:
  - (a) Correctly answer at least 80 percent of the questions on a written and/or oral test on theory and knowledge; and
  - (b) Successfully perform/demonstrate all skills; and
  - (c) Successfully:
    - (1) Complete a 25 yard freestyle swim in 20 seconds; and
    - (2) Perform a shallow dive, sprint 25 yards, recover 10 lb. object from pool edge or gutter, then return 25 yards supporting 10 pound object;
    - (3) Demonstrate knowledge of:
      - (i) Approaches
      - (ii) Escapes
      - (iii) Carries/Tows
      - (iv) Spinal (Shallow Water) Entry, approach, turn and support victim
      - (v) Spinal (Deep Water) Entry, approach, turn and move victim to poolside or shallow end.
      - (vi) Rescue Tube Swim/Use
      - (vii) Surface Dive and Underwater Swim
      - (viii) Tread water for one minute holding a diving brick with both hands.

Lifeguard certification with CPR from YMCA Kingston is \$350.00