

ULSTER COUNTY BOARD OF HEALTH

June 10, 2019

AGENDA

CALL TO ORDER

- **OLD BUSINESS**

- a. Approval of May 2019 minutes
- b. Anne Cardinale's resignation from the Board (last meeting June 2019)

- **NEW BUSINESS**

- a. Ulster County Opioid Task Force Update (Vin Martello)
- b. Commissioner's Report (Dr. Smith)
 - Medical Examiner Stats
 - Measles
 1. Current numbers
 2. Prevention Plan for Children's Camps
 3. Town Supervisor Notification of Prevention Plan
 - Immunizations
 1. Immunization Schedule
 2. Act to Repeal Public Health Law relating to Exemption for Vaccination
 - Dakota's Law
- c. Patient Services Report (Nereida Veytia)
 - Annual Program Statistical Summary 2018
- d. Environmental Health Report (Shelley Mertens)
 - Rav Tov Polystyrene Request for Waiver
 - Rav Tov Kerhonkson Septic Failure Repair Update

MEETING CONCLUSION

Ulster County Board of Health
June 10, 2019

Members PRESENT: Kathleen Rogan, Board Member
Walter Woodley, MD, Chairperson

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

GUESTS: None

ABSENT: Anne Cardinale, RN GCNS-BC, Board Member
Marc Tack, DO, Board Member
Peter Graham, ESQ., Board Member

EXCUSED: Gina Carena, Board Member
Douglas Heller, MD, Medical Examiner

- I. **Approval of Minutes:** The minutes from the May 2019 meeting was tabled until the July 2019 meeting due to a lack of a quorum.
- II. **Board Members:** Effective June 30, 2019 Anne Cardinale has resigned her position on the Board. Ms. Cardinale has been a Board member since July 1, 2014.
- III. **Agency Reports:**

Ulster County Opioid Task Force Update: Vin Martello, UCDOH Director of Community Health Relations updated the Board on the efforts of the Task Force (see attached).

Environmental Health Report: Shelley Mertens, UCDOH Director of Environmental Health reported on the following:

1. **Polystyrene:** Camp Rav Tov continues to request a Financial Hardship Waiver for the use of Polystyrene. Each of their requests have been denied for not meeting the criteria of a waiver. All other permitted food service establishments/kitchens have either, to date, complied with the Law or have met the criteria for a Financial Hardship Waiver.
2. **Septic Failure Issue:** The septic failure issue of 2018 for Camp Rav Tov Kerhonkson has been resolved and will be ready for use as soon as the Camp's engineer writes a certification letter to the DEC for their records of the work completed. UCDOH completed a final inspection of the camp septic on June 4, 2019.

Patient Services Report: Nereida Veytia, Director of Patient Services reported on the following:

1. **Annual Program Statistical Summary 2018:** Ms. Veytia as part of the home care accreditation standard present the program summary to the Board for review (see attached).

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

1. **Medical Examiner Stats:** The Medical Examiner stats were distributed to the Board for review. (see attached)
2. **Measles:** Dr. Smith reported to the Board on the status of measles and the Children's Camps. Many individuals, both campers and staff come from outside of the County, including coming from abroad, to attend or work at the Children's Camps. By the NYS Sanitary code, proof of vaccinations has always been required for campers. This has not been a requirement for staff. Religious exemptions are accepted under State Education Department for attendance at schools but there is no such exemption for camps. Dr. Smith has worked with NYSDOH and the Ulster County Attorney's Office to issue a Commissioner's Order for Camp Staff and Campers (see attached). A letter along with the Orders was mailed and emailed to each of the Ulster County camps. A copy of the letter and Orders was also mailed to each of the townships notifying them of the vaccination requirements to attend an Ulster County camp. To date, Rockland, Orange, Sullivan and Ulster County have issued orders.
3. **Immunizations:**
 - **MMR Vaccine:** NYSDOH has issued 500 doses of the MMR vaccine to key counties. Ulster is currently in receipt of their supply.
 - **2019 CDC Immunization Schedule:** The 2019 immunization schedule for both adults and children was distributed to the Board (see attached).
 - **Act to Repeal Public Health Law relating to Exemption for Vaccination:** Dr. Smith reported to the Board regarding this proposed Act that will be placed on the Assembly agenda this week for vote (see attached).
4. **Dakota's Law:** NYS Senator Gustavo Rivera introduced in the Senate a bill which affect the current criteria for elevated blood lead levels. Dr. Smith reviewed this proposed bill with the Board (see attached). The new criteria will significantly increase the volume of work done within the Department to monitor, track and address these cases.

IV. **Next Meeting:** The next meeting is scheduled for July 8, 2019, 6:30 PM

Respectfully submitted by:



Gina Carena, MD
Secretary

UC PRIORITY OPIOID INTERVENTION HOTLIST

- Integrated UC Jail Opioid/Substance Use Evaluation/Treatment/Discharge to Community Plan (to be enhanced with in-house counseling on social determinants – education, job training, housing, etc. Also includes strong transition to community care and recovery component, with data driven follow-up)
- Pervasive Narcan Distribution, Access, Training throughout UC
- Ongoing and Pervasive All Platform Media Messaging Campaign Focused on Prevention and De-stigmatization – (funded by public/private underwriting partnership)
- Expansion of Medication Assisted Treatment and Transition to Community Care through Hospital Emergency Departments
- Work with Primary Care Providers and Other Community Partners to Expand Training and Low Threshold Access to MAT, without stigma
- Work with Patients and Providers to Encourage Dialogue on the Risks of Opioid Pain Relief and Non-Opioid Pain Management Alternatives
- Connect all Police, Fire and Other Emergency Responders for Referral of Overdose Victims (plus associates, families) to Catholic Charities Peer Advocates for Transition to Treatment and Recovery, with Follow-Up
- Expand Ulster Drug Court to Offer and Opioid Court, including Integration and Collaboration with Law Enforcement, Criminal Justice, Incarceration, and Treatment and Recovery Agencies and Leaders

- Expand Primary Prevention Programs and Prosocial Activities to More Schools, Youth Centers and Communities (includes evidence based programs, Awareness Trailer and others)
- Promote and Expand Medication Take Back Options (including new NYS law requiring no-charge take back at chain pharmacies)
- Enhance Whole Family and Community Social Support Resources and Opportunities to Minimize Isolation and Collateral Family Impacts and Maximize Successful Treatment and Recovery
- Work with Coaches, Athletic Directors, Educators, Students and Parents to Increase Awareness of the Risks Associated with Opioid Pain Relievers to Treat Sports Injuries
- Work with Construction Trade Labor Unions (very high rates of injury and opioid pain reliever use) to Increase Awareness of Opioid Use Risks and Safe Alternatives
- Enhance Awareness and Promotion of the Family Advocate, who helps individuals and families connect to the right substance use services and assists with insurance coverage and claims (the Family Advocate also runs a Greif Support Group for those who have lost friends and/or loved ones to addiction)

UNDER REVIEW AND CONSIDERATION

- Establish a Crisis Stabilization Center to Integrate and Facilitate Mental Health and Substance Use Treatment and Support

**Ulster County Department of Health
Patient Services Division
Annual Program Statistical Summary
2018**

| Town | Skilled Nursing | Maternal Child | Lead | Child Find | TB |
|---------------|-----------------|----------------|-----------|------------|----------|
| Esopus | 6 | 4 | 0 | 3 | 0 |
| Gardiner | 3 | 3 | 0 | 3 | 0 |
| Hurley | 0 | 1 | 0 | 0 | 0 |
| Kingston | 4 | 4 | 0 | 10 | 0 |
| Kingston City | 48 | 33 | 16 | 57 | 1 |
| Lloyd | 5 | 8 | 0 | 17 | 1 |
| Marbletown | 2 | 0 | 0 | 1 | 0 |
| Marlborough | 1 | 4 | 0 | 5 | 0 |
| New Paltz | 6 | 6 | 0 | 9 | 0 |
| Olive | 0 | 1 | 0 | 5 | 0 |
| Plattekill | 5 | 7 | 1 | 5 | 0 |
| Rochester | 3 | 5 | 0 | 11 | 0 |
| Rosendale | 0 | 0 | 1 | 1 | 0 |
| Saugerties | 23 | 21 | 3 | 28 | 0 |
| Shandaken | 1 | 0 | 0 | 3 | 0 |
| Shawangunk | 6 | 6 | 0 | 7 | 0 |
| Ulster | 7 | 7 | 3 | 13 | 1 |
| Wawarsing | 8 | 9 | 3 | 13 | 0 |
| Woodstock | 2 | 5 | 0 | 6 | 0 |
| | | | | | |
| Total | 130 | 124 | 27 | 197 | 3 |
| | | | | | |

| Program | Race & Ethnicity | | | | | | Total |
|-----------------|------------------|---------------------------|--------------------|---------|-------|-------|-------|
| | Asian | Black or African-American | Hispanic Or Latino | Unknown | White | Other | |
| Skilled Nursing | 0 | 37 | 23 | 0 | 66 | 4 | 130 |
| Maternal Child | 2 | 17 | 17 | 0 | 85 | 3 | 124 |
| Lead | 0 | 6 | 5 | 0 | 16 | 0 | 27 |
| Child Find | 0 | 41 | 25 | 1 | 128 | 2 | 197 |
| TB | 0 | 1 | 0 | 0 | 2 | 0 | 3 |

**Ulster County Department of Health
Patient Services Division
Annual Program Statistical Summary
2018**

| Program | Age/ Sex | | | | | | | | Total |
|-----------------|----------------|-----------------|-----------------|---------------|--------------|---------------|---------------|-------------|-------|
| | Female 0-14 | Female 15-20 | Female 21-64 | Female 65+ | Male 0-14 | Male 15-20 | Male 21-64 | Male 65+ | |
| Skilled Nursing | 61 | 5 | 9 | 0 | 55 | 0 | 0 | 0 | 130 |
| Maternal Child | 48 | 0 | 21 | 0 | 55 | 0 | 0 | 0 | 124 |
| Lead | 9 | 0 | 0 | 0 | 18 | 0 | 0 | 0 | 27 |
| Child Find | 105 | 0 | 0 | 0 | 92 | 0 | 0 | 0 | 197 |
| TB | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 3 |

| Program | Discharge Reasons | | | | | | | | Total |
|-----------------|-------------------|-------------------------|---------------------|------------------------|---------------------------|-----------------------|------------------------------|-------------|-------|
| | Lost to F/U | Moved out of area | Refused Services | Stable Goals met | Self Family Friends | L H C S A | Other Community Agency | PH Prog. | |
| Skilled Nursing | 6 | 0 | 4 | 44 | 36 | 0 | 0 | 8 | 98 |
| Maternal Child | 1 | 0 | 5 | 33 | 55 | 2 | 2 | 26 | 124 |
| Lead | 1 | 0 | 1 | 8 | 0 | 0 | 1 | 3 | 14 |
| Child Find | 8 | 2 | 1 | 35 | 10 | 0 | 9 | 4 | 69 |
| TB | 0 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 3 |

Ulster County Department of Health
Patient Services Division
Annual Program Statistical Summary
2018

| Skilled Nursing ONLY | |
|---|------------|
| Disease | Count |
| Abnormal weight gain | 0 |
| Failure to thrive (child) | 0 |
| Finding of other specified substances, not normally found in blood | 0 |
| Group: Symptoms, signs and abnormal clinical and laboratory findings, not | 0 |
| Toxic effect of lead and its compounds, accidental (unintentional), initial encounter | 3 |
| Group: Injury, poisoning and certain other consequences of external causes | 3 |
| Encounter for health supervision and care of foundling | 0 |
| Encounter for health supervision and care of other healthy infant and child | 102 |
| Encounter for routine postpartum follow-up | 13 |
| Other specified problems related to primary support group | 2 |
| Other stressful life events affecting family and household | 4 |
| Group: Factors influencing health status and contact with health services | 121 |
| Newborn unspecified cleft palate | 1 |
| Preterm newborn, gestational age 31 completed weeks | 0 |
| Preterm newborn, gestational age 34 completed weeks | 0 |
| Preterm newborn, gestational age 37 completed weeks | 2 |
| Twins, both live born | 1 |
| Failure to thrive, newborn | 1 |
| Newborn affected by maternal noxious substance | 1 |
| Group: Certain conditions originating in the perinatal period | 6 |
| Total | 130 |

**Ulster County Department of Health
LHCSA
Annual SUMMARY OF INCIDENT LOGS
2018**

- | | |
|---------------------------------|--|
| a. Client Incident Logs: | None Reported |
| b. Client Complaints: | One unsigned complaint of nursing scheduled visits not always timely. DPS sent out notice to clinical staff to maintain scheduled/timely visits. |
| c. Employee Incidents: | 8/14/18 PHN slipped and fell while stepping out of car in County parking lot. Taken to KH-ER. Out of work 6-8 weeks. County Safety Officer inspected lot – no findings. |
| d. Employee Complaints: | None Reported |

**Ulster County Health Department
LHCSA
Summary of Patient Satisfaction Response
Annual Report 2018**

| | | |
|------------------------|------------------------|------------------------|
| Month/Yr: 62 Surveys | Month/Yr: | Month/Yr: |
| # of Phone Calls: 0 | # of Phone Calls: 0 | # of Phone Calls: 0 |

Quality of Services

1. Indicate # of Services Provided 62 Nursing ___ Other _____
2. Length of Stay 36 1-30 day 8 60-90 days
 15 30-60 days 3 Over 90 days
3. Overall Rating of Care 57 Excellent 5 Very Good ___ Good
 ___ Fair ___ Poor
4. Rating of Health Team
of Response
- | | | | | | |
|-------|------------------|------------------|-------------|-------------|-------------|
| | <u>Excellent</u> | <u>Very Good</u> | <u>Good</u> | <u>Fair</u> | <u>Poor</u> |
| Nurse | <u>57</u> | <u>5</u> | ___ | ___ | ___ |

Satisfaction

5. How satisfied were you with the care 61 Completely 1 Somewhat
 ___ A Little ___ Not at all

Patient Reference

6. Do you feel the staff was courteous and treated you with respect? 62 Yes ___ No
7. Is this the first time you received homecare from us? 61 Yes 1 No
8. Would you recommend our agency to other individuals? 61 Yes ___ No 1 Did not answer

Attachment 2

9. While receiving care, did you or caregiver get as much information about your medical condition and treatment as you wanted? 62 Yes No

10. When questions were answered by a nurse, did you understand them? 62 Yes No

Coordination

11. Were your scheduled visits always on time? 59 Yes 3 No

12. When you needed information or care other than your scheduled visit, did you received prompt assistance? 58 Yes No 4 N/A

Narrative Comments (see attached)

| | <u>#'s</u> |
|---|--|
| # Positive comments passed on to employee | <u>13</u> |
| # Negative comments followed up by DPS/SPHN | <u>1</u> (not signed. Email to Staff on timeliness of visits |
| # No comments | <u>0</u> |

**Utilization Review (UR)
LHCSA
2018 Summary**

A. Summary 2018: (UR held March, June, September and December 2018)

Total of 24 patient records reviewed:

| | Active | Discharge |
|-----------------|--------|-----------|
| Skilled Nursing | 20 | 2 |
| Lead Program | 2 | 0 |

Summary: 12 of the 24 records documented with proper utilization of services. The remaining 12 records reviewed required follow up in one or more of the following categories:

Documentation:

- Clinical (Care Plan, Face Sheet update, Care Plan update, Assessment update, printing record parts) 5
- Use of non-approved abbreviations 8
- Need patient identifier on second page of consent 2

Medical Order:

- Medication Supplement 0
- SN Services/Frequency 0
- Diagnosis 0
- 485-(current cert) 1

Note:

Program Lead

- Incorrect method of correcting record errors 1

Article 28
Diagnostic and Treatment Center
Quality Assurance/Quality Improvement Committee

Summary of Audits
(March, June, September, and December 2018)

Totals Records Reviewed:

| | |
|--------------|----|
| STD/HIV | 22 |
| Immunization | 11 |
| TB | 9 |
| WIC | 4 |

Summary of 2018 Findings:

12 out of **46** records documented with proper utilization of services. The remaining **27** records reviewed required follow up on one or more of the following categories:

| | Abbrev. Use not corrected | Incomplete/ Patient race/ethnicity/sex | NYSIIS Form Consent | Need Immun. Screen | Visit Record/ Team Care Plan Printout/ Blank perimeters | Med. Record/ DV not answered | MD sign. /notes | Chart Hx/Lab /HIV |
|--------|---------------------------|--|---------------------|--------------------|---|------------------------------|-----------------|-------------------|
| STD | | 4 | | 2 | 2 | 1 | | 5 |
| Immun. | | | | 1 | | | | |
| TB | 2 | | | | 3 | 1 | 3 | |
| WIC | | | | | | | | |

Outcome:

- STD clinical records - (5) needed lab disposition on call-in/or return, (4) needed completion of race/sex/ethnicity – patient self populates.
- Immunization Clinic (1) need screen to be completed.
- TB Clinic – Use of non-approved abbreviations, (3) need additional charting, (3) MD clinical notes.
- TB – MD order form revised.
- WIC records – no issues.

Ulster County Department of Health

Medical Examiner's Office - Autopsy Cases

Date of Death between 1/1/2019 and 5/31/2019

Total Number of Cases: 52

| <i>Cases by Gender</i> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Grand Total |
|------------------------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------|
| F | 2 | 1 | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| M | 16 | 7 | 12 | 3 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 44 |
| Grand Total | 18 | 8 | 13 | 5 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 52 |

| <i>Cases by Manner</i> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Grand Total |
|------------------------|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------|
| Accidental | 6 | 4 | 6 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 |
| Natural | 6 | 3 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |
| Pending | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Suicide | 6 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 |
| Undetermined | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Grand Total | 18 | 8 | 13 | 5 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 52 |

| <i>Cases by Category</i> | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Grand Total |
|--|-----------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-------------|
| Alcohol | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Cardiovascular | 2 | 2 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| Cardiovascular and Diabetes | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Cardiovascular and Obesity | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Drowning | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Fall | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Fall - Intentional | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Gunshot Wound | 4 | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 |
| Hanging | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Infant | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Motor Vehicle Accident | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Opioid | 3 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Opioid w/ Other Substances | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Opioid w/ Other Substances and Alcohol | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Pending | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| Pulmonary Disease | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Smoke Inhalation | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Grand Total | 18 | 8 | 13 | 5 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 52 |



ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3150, Fax (845) 334-8337

PATRICK K. RYAN

County Executive

CAROL M. SMITH, MD, MPH

Commissioner of Health and Mental Health

June 2019

Dear Camp Administrator:

There has been an alarming increase in the number of vaccine-preventable cases of measles in our region of New York State over the past several months. Notably, this is the largest outbreak of measles in New York State since 1989.

Measles is a highly contagious disease that in some cases may cause serious health complications or death. Children, immunocompromised individuals, and pregnant women are at an increased risk for severe complications or death resulting from this disease.

Measles can live up to two hours in the air where an infected person coughed or sneezed, and 90% of non-immune individuals, exposed to a person with measles, will also become infected with the virus. Individuals infected with measles can spread it to others up to four days before developing a rash or other symptoms.

The Ulster County Commissioner of Health has taken measures pursuant to Public Health Law to ensure that Department of Health staff and the Ulster County Board of Health are able to control the spread of this disease in Ulster County. These measures are necessary to reduce morbidity and mortality secondary to measles, as defined in the New York State Sanitary Code Chapter 1 Subpart 7-2. Therefore, all day and overnight camps classified as "Children's Camps" in Ulster County shall only admit campers and staff members (including volunteers) who show documentation of acceptable evidence of immunity to measles or proof of a valid medical exemption. Measles immunity is required as per the Measles Mumps Rubella (MMR) guidelines outlined below. Please note individuals are considered optimally protected against measles if they have had two doses of the MMR vaccine given at least twenty-eight (28) days apart.

What Does the Camp Director Need to Do?

- Confirm and provide documentation that all campers and staff members have provided acceptable evidence of immunity or a valid medical exemption. Each camper and staff member must provide at least one of the following:
 - Written documentation from a healthcare provider of one or more doses of a measles-containing vaccine administered on or after the first birthday for preschool-age children and adults not at high risk, or two doses of measles-containing vaccine for school-age children and adults at high risk, including college students, healthcare personnel, international travel, and those in outbreak areas;
 - Laboratory evidence of immunity;
 - Laboratory confirmation of measles; or
 - Birth before 1957 in the United States;
 - Valid medical exemption signed by a healthcare provider.

- Allow NO campers or staff members who have not received at least their first dose of MMR vaccine to attend a day camp and/or children's overnight camp in Ulster County, until such time that the accompanying Commissioner's Order is lifted. Campers or staff members who have provided proof that the first dose of the MMR vaccine was administered and have an appointment to complete the second dose of the MMR vaccine after twenty-eight (28) days from the date that the first dose was administered.
- Ensure that your Camp Health Director conducts a complete initial health screening for all campers and staff members.

What Camp Directors Need to Submit to the Ulster County Department of Health

In order to ensure that only immune or medically exempt campers and staff members are attending summer day camp and/or children's overnight camps, you are required to submit the following information to the Ulster County Department of Health (UCDOH):

A notarized affidavit, affirming under penalties of perjury, that the camp is maintaining immunization records for every camper and staff member as outlined below, as well as a completed "Camper/Staff Measles Immunization Records Summary to Identify Potentially Susceptible Individuals." Copies of both the affidavit and the records summary are attached and are available on our website.

Submit the affidavit to the Ulster County Department of Health, via e-mail to Denise Woodvine at dwoo@co.ulster.ny.us or Laura Bell at lbur@co.ulster.ny.us prior to the start of the camp season.

Maintaining Vaccination Records

All children's day and overnight camps must maintain a list of all campers and staff members who will attend the specified summer day camp and/or children's overnight camp, including their dates of birth and the dates they received the MMR vaccine or proof of a valid medical exemption.

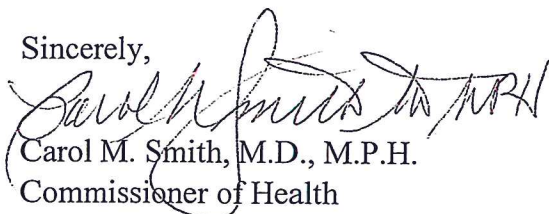
Subpart 7-2 of the New York State Sanitary Code requires camps to maintain immunization records for all campers which include dates for all immunizations against diphtheria, haemophilus influenza type b, hepatitis b, measles, mumps, rubella, poliomyelitis, tetanus and varicella (chickenpox). The current, complete immunization record must be kept on file for every camper and updated annually prior to the beginning of operation, as well as on an ongoing basis to accommodate any campers joining select sessions.

The Ulster County Commissioner of Health and the Ulster County Board of Health takes the health and safety of individuals who attend camps in Ulster County very seriously. Your cooperation in making sure that campers and staff members who attend your program are immune or properly vaccinated will help to ensure that all individuals at your facility have a healthy camp experience. An Ulster County Health Commissioner's Order issued with the intent to prevent the spread of this highly communicable disease is attached.

If your summer day camp, and/or children's overnight camp does not comply with the Commissioner's Order, enforcement action may be taken. If a permitted camp experiences an outbreak of measles, an investigation will be conducted in accordance with disease outbreak protocols.

We appreciate your cooperation and wish you a successful camp season. Should you have any questions, please contact my office, (845) 340-3009.

Sincerely,



Carol M. Smith, M.D., M.P.H.
Commissioner of Health

STATE OF NEW YORK
COUNTY OF ULSTER: DEPARTMENT OF HEALTH

-----X
IN THE MATTER

OF

ORDER OF THE ULSTER
COUNTY COMMISSIONER
OF HEALTH

THE SPRING 2019 MEASLES OUTBREAK IN
NEW YORK STATE

Under and Pursuant to the Public Health Law of the State of New York

-----X

TO: Children's Camp Director Ulster County, New York

RE: CAMPER VACCINATIONS/IMMUNITY

WHEREAS, as of the date of this Commissioner's Order, there is a growing number of cases of measles in New York State, especially in the Hudson Valley region; and

WHEREAS, this is the largest outbreak of measles in New York State since 1989; and

WHEREAS, pursuant to New York Public Health Law §2100, §308(d), §1303 and §1304, the Commissioner of the Ulster County Department of Health has the authority to make and publish orders and amend regulations as she may deem necessary for the preservation of life and health, and to effectuate and enforce the provisions of New York Public Health Law §2164 and Ulster County Sanitary Code Article XVII and other associated Rules and Regulations, including but not limited to those related to communicable diseases and outbreaks of diseases as defined in 10 NYCRR 2.2, and the Commissioner may further take any measures necessary to reduce morbidity and mortality pursuant to 10 NYCRR 2.6 relative to campers at day and overnight children's summer camps as defined in 10 NYCRR 7-22; and

NOW, THEREFORE, by the authority vested in me by the Public Health Law of the State of New York as the Ulster County Commissioner of Health,

The Recitals set forth above are incorporated hereunder as if fully set forth herein,

I DO HEREBY ORDER AND DIRECT THAT:

- A. All children's day and overnight camps must maintain a list of all campers who will attend the specified summer day camp and/or children's overnight camp, including their dates of birth and the dates they received the Measles Mumps Rubella (MMR) vaccine, or proof of a valid medical exemption or immunity.
- B. The Camp Director shall provide a notarized affidavit, affirming under penalties of perjury that the camp is maintaining immunization records for every camper, as well as a completed "Camper Measles Immunization Records Summary to Identify Potentially Susceptible Individuals."

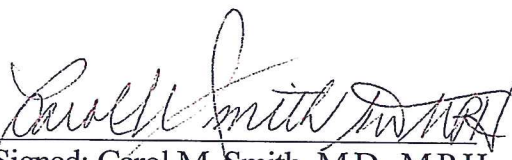
- C. Camp Directors shall allow only campers who have provided either 1) proof of immunity, 2) proof of complete MMR vaccination, or 3) a valid medical exemption to attend a day camp and/or children's overnight camp in Ulster County, until such time that this Commissioner's Order is lifted.
- D. Notwithstanding, a Camp Director may permit a camper who is in the process of receiving the MMR vaccine to attend camp. A camper is "in the process of receiving the MMR vaccine" or "in-process" if the camper has received at least a first dose of the MMR vaccine, has an appointment to complete a second dose of the MMR vaccine twenty-eight days after the first dose was administered, and has not been recently exposed to an individual with measles. If a camper is in attendance when the second dose is scheduled, such camper shall receive the second dose, or shall be excluded from camp after the expiration of twenty-eight days after the first dose was administered.
- E. Prior to camp entry, the Camp Health Director shall verify all campers have evidence of immunity to measles or a valid medical exemption. Upon arrival to camp, the Health Director or designee shall screen campers, as part of the initial health screening pursuant to the camp's safety plan, for signs or symptoms of the measles illness.

Failure to comply with this Commissioner's Order may result in enforcement actions pursuant to law.

This Order is in effect immediately.

A true copy of this Commissioner's Order is to be posted in a conspicuous place at the summer day camp, and/or children's overnight camp.

Dated: 6/10, 2019
Kingston, New York


Signed: Carol M. Smith, M.D., M.P.H
Commissioner of Health

STATE OF NEW YORK
COUNTY OF ULSTER: DEPARTMENT OF HEALTH

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IN THE MATTER

OF

ORDER OF THE ULSTER
COUNTY COMMISSIONER
OF HEALTH

THE SPRING 2019 MEASLES OUTBREAK IN
NEW YORK STATE

Under and Pursuant to the Public Health Law of the State of New York

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TO: Children's Camp Director Ulster County, New York

RE: STAFF VACCINATIONS/IMMUNITY

WHEREAS, as of the date of this Commissioner's Order, there is a growing number of cases of measles in New York State, especially in the Hudson Valley region; and

WHEREAS, this is the largest outbreak of measles in New York State since 1989; and

WHEREAS, pursuant to New York Public Health Law §2100, §308(d), §1303 and §1304, the Commissioner of the Ulster County Department of Health has the authority to make and publish orders and amend regulations as she may deem necessary for the preservation of life and health, and to effectuate and enforce the provisions of New York Public Health Law §2164 and Ulster County Sanitary Code Article XVII and other associated Rules and Regulations, including but not limited to those related to communicable diseases and outbreaks of diseases as defined in 10 NYCRR 2.2, and the Commissioner may further take any measures necessary to reduce morbidity and mortality pursuant to 10 NYCRR 2.6 relative to campers at day and overnight children's summer camps as defined in 10 NYCRR 7-22; and

NOW, THEREFORE, by the authority vested in me by the Public Health Law of the State of New York as the Ulster County Commissioner of Health,

The Recitals set forth above are incorporated hereunder as if fully set forth herein,

I DO HEREBY ORDER AND DIRECT THAT:

- A. All children's day and overnight camps must maintain a list of all staff members who will work/volunteer at the specified summer day camp and/or children's overnight camp, including their dates of birth and the dates they received the Measles Mumps Rubella (MMR) vaccine, or proof of a valid medical exemption or immunity.
- B. The Camp Director shall provide a notarized affidavit, affirming under penalties of perjury that the camp is maintaining measles immunity/immunization records for every staff member, as well as a completed "Staff Measles Immunization Records Summary to Identify Potentially Susceptible Individuals."

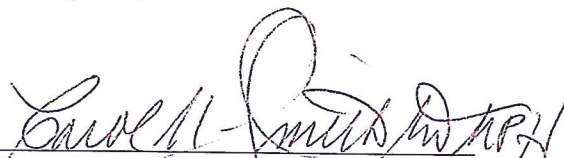
- C. Camp Directors shall allow only staff members who have provided either 1) proof of immunity, 2) proof of complete MMR vaccination, or 3) a valid medical exemption to work/volunteer at a day camp and/or children's overnight camp in Ulster County, until such time that this Commissioner's Order is lifted.
- D. Notwithstanding, a Camp Director may permit a staff member who is in the process of receiving the MMR vaccine to attend camp. A staff member is "in the process of receiving the MMR vaccine" or "in-process" if the staff member has received at least a first dose of the MMR vaccine, has an appointment to complete a second dose of the MMR vaccine twenty-eight days after the first dose was administered, and has not been recently exposed to an individual with measles. If a staff member is working/volunteering when the second dose is scheduled, such staff member shall receive the second dose, or shall be excluded from camp after the expiration of twenty-eight days after the first dose was administered.
- E. Prior to camp entry, the Camp Health Director shall verify all staff members have evidence of immunity to measles or a valid medical exemption. Upon arrival to camp, the Health Director or designee shall screen staff members, as part of the initial health screening, for signs or symptoms of the measles illness.

Failure to comply with this Commissioner's Order may result in enforcement actions pursuant to law.

This Order is in effect immediately.

A true copy of this Commissioner's Order is to be posted in a conspicuous place at the summer day camp, and/or children's overnight camp.

Dated: 6/10, 2019
Kingston, New York


Signed: Carol M. Smith, M.D., M.P.H.
Commissioner of Health

PATRICK K. RYAN
County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health and Mental Health

CAMP MAINTENANCE OF VACCINATIONS/IMMUNITY RECORDS AFFIDAVIT

I, _____, do hereby affirm under penalties of perjury that
(Camp Director)

_____ is maintaining measles immunization records for every
(Name of Facility)
camper and staff member. as well as a completed "Measles Immunization Records Summary to
Identify Potentially Susceptible Individuals" for both campers and staff.

Affirmed under penalty of perjury
this ___ day of _____, 2019.

Sign: _____

Print Name: _____

Title: _____

State of _____)

)ss.:

County of _____)

On the _____ day of _____ in the year 2019, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

NOTICE: False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

Carol Smith

From: Sarah Ravenhall <Sarah@nysacho.org>
Sent: Monday, June 10, 2019 8:08 AM
Subject: Your Support Needed: A2371_S2994 to eliminate non medical exemptions for vaccinations
Attachments: Joint Memo on 2371 A FINAL.docx; Immunization Talking Points 5-19rev.docx

Good morning NYSACHO Directors, Commissioners and Deputies,

We are hearing A2371_S2994 will be on the assembly agenda this week for vote. Vaccine hesitant groups are rallying in Albany again tomorrow, so now is the time to make calls and let lawmakers know how important it is that we pass A2371_S994, which would eliminate non-medical exemptions for vaccinations in schools. I am attaching our joint memo with medical and public health partners along with talking points you can use to frame the conversations you have.

1. Please call your individual members, there is strength in numbers! ***If this bill passes the assembly health committee, all lawmakers need to be aware of the importance in supporting this bill.*** Assembly members: <https://nyassembly.gov/mem/> Senators: <https://www.nysenate.gov/senators-committees>
2. In addition to the elected officials who represent your area, please call:
Speaker Carl E. Heastie: (518) 455-3791; or (718) 654-6539
Majority Leader Andrea Stewart Cousin: (518) 455-2585; or (914) 423-4031
3. Finally, please call members of the NY Assembly Health Committee:
 - Richard Gottfried, (518)455-4941 (212)807-7900, gottfriedr@nyassembly.gov
 - Michaelle Solages (518) 455-4465, (516) 599-2972
solagesm@nyassembly.gov
 - Andrew Hevesi: (518) 455-4926, (718) 263-5595
hevesia@nyassembly.gov
 - Amy Paulin: (518) 455-5585, (914) 723-1115
paulina@nyassembly.gov
 - Ron Kim: (518) 455-5411, (718) 939-0195
kimr@nyassembly.gov
 - Nader J. Sayegh: (518) 455-3662, (914) 779-8805
sayeghn@nyassembly.gov
 - Robin Schimminger: (518) 455-4767, (716) 873-2540
schimmr@nyassembly.gov
 - Kevin A. Cahill: (518) 455-4436, (845) 338-9610
cahillk@nyassembly.gov
 - Steven Cymbrowitz: (518) 455-5214, (718) 743-4078
cymbros@nyassembly.gov
 - Aileen M. Gunther: (518) 455-5355, (845) 794-5807 and (845) 342-9304
gunthea@nyassembly.gov

- Rodneyse Bichotte: (518) 455-5385, (718) 940-0428
bichotter@nyassembly.gov
- Phil Steck: (518) 455-5931, (518) 377-0902
steckp@nyassembly.gov
- Sandy Galef: (518) 455-5348, (914) 941-1111
galefs@nyassembly.gov
- Linda B. Rosenthal: (518) 455-5802, (212) 873-6368
rosentl@nyassembly.gov
- Edward C. Braunstein: (518) 455-5425, (718) 357-3588
braunsteine@nyassembly.gov
- Kevin Byrne: (518) 455-5783, (845) 278-2923
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- Marjorie Byrnes: (518) 455-5662, (585) 218-0038
byrnes@nyassembly.gov
- David McDonough: (518) 455-4633, (516) 409-2070
mcdonoughd@nyassembly.gov
- Jake Ashby: (518) 455-5777, (518) 272-6149
ashbyj@nyassembly.gov
- Andrew Raia: (518) 455-5952, (631) 261-4151
raiaa@nyassembly.gov

Thank you for spreading the word to your colleagues and public health partners and for taking a moment to call lawmakers and asking that they vote in support of this important bill. To view NYSACHO's page of Measles Resources, visit: <https://www.nysacho.org/topic/measles-resources/>. If any lawmakers want specific information on vaccine-preventable diseases or the measles outbreak, I would be pleased to support as needed.

Thank you again for all you do and have a wonderful day.

Sarah Ravenhall, MHA, CHES

Executive Director

New York State Association of County Health Officials (NYSACHO)

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www.nysacho.org

We need your support on A2371/S2994 (Dinowitz/Hoylman): An act to repeal subdivision 9 of section 2164 of the public health law, relating to exemption for vaccination. With New York being in the midst of a measles outbreak, we need our lawmakers to support policy that will help to mitigate further spread of this very dangerous and contagious vaccine preventable disease.

- Vaccines are responsible for the control of many infectious diseases that were once common in this country. Vaccines have reduced, and in some cases, eliminated, many diseases that routinely killed or harmed infants, children and adults. The viruses and bacteria that cause vaccine-preventable diseases still exist and can be transmitted to people who are not protected by vaccines.
- New York State is experiencing firsthand the health risks created by allowing broad religious exemptions to immunization requirements. Currently, Rockland County, NY and New York City are combatting significant measles outbreaks. These outbreaks, which started in the Fall of 2018, have resulted in illness and hospitalizations, as well as lost days of school and work due to the need to halt transition of disease among unvaccinated individuals. The outbreaks occurred in communities with higher rates of religious exemptions.
- A 2013 outbreak in the Bronx in a religious community cost the New York City Department of Health and Mental Hygiene close to \$400,000, with health department staff spending over 10,000 hours in working to stop the spread of the disease. Additional costs to health care providers, and individuals due to treatment and lost workdays were also incurred.
- The Centers for Disease Control and Prevention recommends an immunization rate of 95% in order to maintain herd immunity, but according to 2017-2018 New York state data, 467 public and private schools in New York had immunization rates below 85%.
- There is a wealth of evidence showing that under and unimmunized children are both at risk of death or serious illness themselves and put others at risk.
- As public health professionals, and as policy-makers, we both routinely weigh the ethical balance of protecting individual rights against protecting our communities at large. Both statute and case law have continually upheld that the weight of this choice must lean towards protecting the community at large when personal choice puts the lives of others at risk. The societal benefits of these public health policy decisions are cost-effective and improve length and quality of life, be it through restrictions on where you can use tobacco products, strict drunk-driving laws, or school vaccination requirements.
- Vaccines are one of the greatest public health successes of the 20th century and immunizing our children is of the highest public health priority.

Legislation Will Implement Stronger, More Proactive Measures To Address Lead Poisoning and Exposure of Children in Public and Private Housing Across New York State

Senator Rivera Partnered with NYCHA Resident and Leader Tiesha Jones To Create This Bill After Jones' Daughter, Dakota, Suffered Permanent Developmental Challenges from Extended Lead Exposure

(Bronx, NY) - State Senator Gustavo Rivera (D-Bronx) introduced 'Dakota's Law' in the State Senate - a bill that will establish a comprehensive system of preventive measures to address elevated blood lead levels and lead poisoning in all children in New York State. Whether in public or private housing, this bill will expand screening and testing to all children in New York State under 18 years old, prompt adequate action by healthcare providers to report elevated blood lead levels to their local health officers, and trigger proactive action to mitigate the source of lead exposure. Further, this bill will enhance protocols for parents, guardians, healthcare providers, state and local health officers, private property owners, and public housing officials to take proactive action to prevent lead poisoning in children.

If enacted, Dakota's Law would:

- Lower the definition of elevated blood lead levels from 10 micrograms to 5 as recommended by the Center for Disease Control and Prevention (CDC). Triggering action at 5 micrograms allows time to address exposure before it causes permanent damage.
- Raise the age of children who are protected and screened under state law from 6 years of age to up to 18 years old.
- Require physicians to report elevated blood lead levels of 5 micrograms or more found in screening and testing of any child under 18 years old to the local or state health department.
- Create a hotline for physicians to report elevated blood lead levels that would activate health officers across the state to conduct investigations in private or public housing units.
- Require that the state assist any local health office with investigations if need be.
- Mandate private insurers and Medicaid to cover screening and testing.
- Include lead exposure testing and elevated blood lead levels on the statewide immunization information system.

Add questions to a lead exposure risk assessment to check if children were screened and tested at 12 and 24 months old so parents and physicians can assess potential risk or need for additional screening and testing.

The introduction of this bill comes due to mounting concerns about the presence of lead in public housing units in New York City, which had not been adequately inspected for years. The bill was drafted with the input and support of Senator Rivera's constituent, Tiesha Jones, President of the NYCHA Bailey Houses Residents' Council, whose daughter, Dakota, suffered permanent developmental challenges due to a prolonged exposure to lead at her public housing unit during her early childhood years. Despite Jones' efforts to secure medical attention for her daughter and asking for the appropriate lead testing each year, steps were not taken to eliminate the sources of exposure inside her home before the poisoning had reached levels that irreversibly endangered Dakota's overall development.

"Tiesha Jones' leadership in our community consistently inspires me, but her fight to prevent lead poisoning and exposure in children across New York after what happened to her daughter, is truly remarkable," said State Senator Gustavo Rivera. "Our partnership in writing Dakota's Law will create stronger requirements to protect all New York children from lead poisoning and to address lead exposure in homes across our State. We must do everything in our power to find tangible solutions to end lead poisoning in New York State and ensure our children live in safe and healthy environments."

"We would like you to review your updated quote in particular: "Dakota's Law gives parents a sense of hope for their children's well being and for a healthier future free of lead poisoning and its terrible effects," said Tiesha Jones, Dakota's Mother and President of the NYCHA Bailey Houses Residents' Council. "My ultimate goal is to ensure that all children in New York State, whether in public housing or in a private home, are tested more frequently for elevated blood lead levels during their childhood and that all doctors report them to their local health agencies to quickly determine the source of lead exposure. I don't want child in our State to go through what Dakota did and this law will prevent precisely that."

Recent reports revealed disparities in the number of children reported to have elevated blood lead levels in New York City. According to the NYC Department of Health and Mental Hygiene, there were 820 children six years old and younger living in public housing who had blood lead levels of 5 micrograms or more between 2012 and 2016, while there were 4,928 children across the City with this kind of exposure in 2016 alone. This bill aims to address the critical need for a lower microgram level and to enhance protocols to protect children both in private and public residences. Although the CDC recommends to consider blood lead levels elevated at 5 micrograms, the legal requirement in New York State is to act when those levels are at 10 micrograms. Dakota's Law will codify the CDC's recommendation since children with 10 micrograms are already highly susceptible to developmental damage. In addition, currently only children 6 years and younger activate the investigative requirements in New York State. Under Dakota's Law, children up to 18 years old will be included in these enhanced protections.

This comprehensive bill seeks to provide a mechanism to connect key stakeholders in the fight to end lead exposure and poisoning in New York State. Parents, guardians, and family caretakers will have more resources to help children in their care. Physicians and other authorized practitioners will become instrumental in the process of evaluating lead levels in children and will expand their mandatory reporting requirements to prompt appropriate action. State and local health officers will be responsible for addressing reports of elevated blood lead levels in children and will receive more information about where children are potentially being exposed to lead. Public housing officials will have a legal mandate to take actions to address signs of lead poisoning in all children proactively. School Administrators will be able to access information about elevated blood lead levels in their students' immunization record in order to appropriately address any special education needs a child may have resulting from developmental delays from lead exposure.

RELATED LEGISLATION

S9131 (/legislation/bills/2017/s9131)

Establishes Dakota's law relating to elevated lead levels in children



July 09, 2018 | In Senate Committee [Rules Committee \(/committees/rules\)](#)

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