

Chautauqua County Board of Health
MINUTES

Meeting Date/Time: Thursday, November 19, 2020 @ 6:00 p.m.

Location: Virtual Meeting via Zoom

Scribe: Sherri Rater

ATTENDANCE:

BOH Members	P/A	BOH Members	P/A	Others Present	Title
Dr. Erlandson	P	Elisabeth Rankin	A	Christine Schuyler	Secretary, Public Health Director, HHS
Dr. Khan	P	Natasha Souter	P	Bill Boria	Environmental Health Director, HHS
Dr. Kidder	P	Dr. Tallett	A	Dr. Berke	County Physician
Dr. Ney	P	Mark Tarbrake	P	Sherri Rater	Scribe
Andrew O'Brien	P				

Call to order	<p>The meeting was called to order at 6:01 p.m. by President Tom Erlandson.</p> <p><u>Erlandson:</u> It has been two months since we last met and much has happened. Notably the pandemic has continued and increased intensity and seriousness. We've had an election. Neither the election nor the pandemic are over. The pandemic has progressed around the world just as Dr. Fauci and others said it would. I'd like to thank Christine and her staff and our entire medical community, some of who are members of this board, for everything that you have done and will continue to do. So thank you all very much.</p>
Privilege of the Floor	None.
Approval of September 17, 2020 Minutes	<p>Tarbrake made a motion to approve the September 17, 2020 meeting minutes, 2nd by Ney.</p> <p><u>Erlandson:</u> Are there any additions, corrections or discussion in regard to the minutes?</p> <p><u>Ney:</u> I would like to say something. It's not a correction, but a comment. Just as it was pointed out in the introduction, in reviewing the minutes, Christine reported that we had only two new cases on September 17th and today we have 36 new cases. 36 verses 2 from the last time we met. It's not a fluke because the numbers have been going up right along. This is irrelevant to the motion, but I just wanted to point that out because it really struck me.</p> <p><u>Erlandson:</u> Thank you. Moving on to approve the minutes, all in favor; motion carried.</p>
Old Business: COVID-19	<p>Schuyler: To be able to give the Board on overview of what is happening, and also we did receive some questions from some members of the board, Bree Agett, our epidemiology manager, has put together some statistics for us this evening which are now shown on the screen. This has been prepared to update the Board on the current status of COVID-19 in the county as of November 18th. Feel free to ask further questions as we go through this. The overview is that as of November 18th we have 130 active cases; 12 people hospitalized in Chautauqua County Hospitals; 1247 recovered cases; 16 deaths; 1,393 total confirmed cases; case fatality rate is 1.1% in Chautauqua</p>

COVID-19 cont'd	<p>County verses 5.7% in NYS; active case rate currently is 102.4 per 100,000 population; 1.1% of Chautauqua County population have tested positive; 71,287 negative tests; 1.91% cumulative percent positive. We are doing well and are not anywhere near a yellow zone at this point. We did have 36 new cases to report today giving us a total of 155 active cases.</p> <p><u>Tarbrake</u>: Remind me again, what takes us to a yellow zone?</p> <p><u>Schuyler</u>: There are two parameters. One of them is a positivity rate of 3.5% and there is another figure of percentage of cases per 100,000 residents and that is determined by what tier you are in. Different counties are in different tiers. We are a tier three county, so to go yellow we have to have a seven day (positivity rate) rolling average above 3.5% for ten days and have 15 or more new cases per 100,000 residents, on a seven day average. We are unable to calculate anything like that at the local level. The state does those calculations and then informs you when you are getting close to zone. We've had a lot of questions, especially since Erie County has gone into now the orange zone. Erie is a tier one county so for instance, their seven day rolling average is a positivity rate of 2.5% for ten days and they have to have ten or more new cases, so our metrics are a little different than Erie County.</p> <p>The next slide shows the cases, deaths and recoveries by month. In November there were 152 cases recovered and 136 active cases and as you can see we are on track to surpass the October numbers. Next slide is cases by age group through November 16th. The highest number of cases have been in the 25-29 age group followed by the 20-24 age group and then the 65-69 age group. 24% of all cases were in that 25-29 age group. Next slide shows the positive case data by sex. You can see there are slightly more females that have been diagnosed with COVID-19 in the county than males. Next slide shows deaths by age group. The highest number of deaths are in the 85-89 age group followed by the 70-74 year olds. As we've seen everywhere that the older population is at higher risk of complications from the virus, including death. Next slide shows percent positive over time. This is taken by the NYSDOH. We are not allowed, at the local level, to determine percent positive results over time and it wouldn't make any sense for us to even attempt to because there are discrepancies between our data and the State's data mainly because when all of the labs across the country report to the State through the electronic reporting system, the State takes that number and plugs it into each county. At the local level, we pull those test results out of that state system and go through and clean that data because quite often there are duplicates and also test results for people who really aren't our county residents and we transfer them out to the county they belong to. So per the State, 709 people were tested yesterday resulting in 17 positive tests and a 2.4% positivity rate. Over that seven day average we are at 1.3%. Next slide shows percent positive rates over time in WNY. Again, this comes right from the State and includes all of the counties in WNY – Chautauqua, Cattaraugus, Allegheny, Erie and Niagara. Positivity rate yesterday was 6.9% and average was 4.9%, so you can see that yesterday Chautauqua County being at 1.3%, we are well below the region average of 4.9% and I'm hoping it stays that way.</p> <p><u>Souter</u>: Is there something specific that happened yesterday that showed such a huge number of testing compared to all of the other days? It looks like there is one day in particular that show a huge number of tests compared to other days. Were there specific events?</p> <p><u>Schuyler</u>: It looks like there are about 2,000 more tests on one day that I can't see which day it is, but I am going to assume that is has to do with the spikes that we are seeing in Erie County when they did some targeted testing. Next slide shows Chautauqua County's 14 day average percent positive which comes out to 1.5% and the next slide shows the 14 day average for all of WNY which is 4.6%. The next slide takes a look at tracking positive</p>
COVID-19 cont'd	

<p>COVID-19 cont'd</p>	<p>cases in September and October. We had 663 confirmed cases and shows 99.6% had a phone number, 99.5% were contacted by a local health department staff member, 94.1% had a completed interview, 78% had an interview completed within 24 hours, 68.7% of cases gave contacts and there is a 3.3% average number of contacts per case. Per the NYSDOH, Chautauqua County is doing better than WNY and NYS comparisons in most areas. This is in direct response to our local team effort. This tells you how hard our staff work. They are so committed and dedicated and do all that they can to reach people quickly and efficiently and make sure that people receive the education and information that they need to stay in isolation. The regional office is very complimentary of our work in the States CommCare system. They said that we are one of the few counties in the WNY region that is fully utilizing the system. We use it for tracking our cluster hubs, loading all of our cases and documentation, as well as contacts which has saved a tremendous amount of time. The only area that we scored lower in are the number of cases that gave contacts and I think that is only going to go up because I think that people are going to be less apt to be truthful about naming their close contacts knowing that those close contacts are going to have to go into quarantine. But we are still above the state and WNY average for that number as well.</p> <p><u>Ney:</u> I generally know what a contact means, but could you give a few examples?</p> <p><u>Schuyler:</u> A close contact would be within six feet of someone for longer than ten minutes regardless of wearing a mask. So it could be someone obviously who lives in your household like spouses or children. It could be a group at work who had lunch together or who were in a meeting together and not socially distanced. It is not someone who you have a brief encounter with in the grocery store or you are standing in line behind the checkout counter. If you are wearing an N-95, like a health care provider or a first responder than you are not considered exposed when you are in your full personal protective equipment (PPE).</p> <p>The next slide talks about tracking contacts. That same period for September and October we had 2,167 confirmed contacts. These measures that you see here reflect the actions of the virtual contact tracers within the CommCare system. That is run by the state on our behalf. They work closely with our disease investigators. The contact tracers are the ones who contact the contacts of the positive cases. Our county is meeting the mark on all of these. We are not quite as high as WNY in regard to the interview being completed within 48 hours but overall we are doing quite well. Again this is not reflective of our staff. This is the virtual contact tracers who take over the contacts once we do the initial disease investigation.</p> <p><u>O'Brien:</u> Who are they exactly? Are they in a central location like Albany?</p> <p><u>Schuyler:</u> Not necessarily. The state has a contract with PCG, an outside company, who hired all of these contact tracers. They all did the John Hopkins training. There are supervisors and then the actual contact tracers. They all work remotely, anywhere across the state. They did try to hire locally and so most of our contact tracers are within WNY. A lot of their work is done by phone and then it is loaded into the computerized software and this is who we are able to get a ton of information. It really is a good system that was built. You can see active cases, past cases, and their contacts. We link them together so you can see clusters and really break them down so we can see where the common denominators are at. It's been working quite well and, like I said, we are one of the few counties that are utilizing the software fully and maximizing the system and it has really been a godsend when your case numbers continue to go up. As of the last week or so when Erie County really hit high numbers they had not yet signed on to the virtual contact tracing system.</p> <p><u>O'Brien:</u> I asked the question, because I did do a little bit of research and based on that I can say that to get a 74% completed interview rate on the contact tracing is pretty impressive.</p> <p><u>Berke:</u> That is excellent and good epidemiology and what you want to keep the disease from spreading. This is</p>
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COVID-19 cont'd

why our numbers are low.

Schuyler: We've done a really great job. Anytime that any of these contacts who are in quarantine develop symptoms they become a person under investigation and get transferred back to us. Our staff then take over so that we can monitor them more closely and make sure that they get tested or that their symptoms are monitored and they get the care that they need.

The next slide talks about housing needs for isolation and quarantine. Since the beginning of the pandemic ten people have been provided housing assistance from the County. Three people were homeless. We also had a family of three and a family of four who we needed to provide housing and all of the supports to go with that for them to be able to serve out their isolation or quarantine. We have also provided a lot of ancillary supplies, information and resources for anyone who is in isolation and quarantine. We make sure that they have instacart or some way to get meals, medications, medical appointments, so really making sure that everyone in isolation or quarantine has everything that they need.

Kidder: I'd like to go back and ask a question relating to the contact tracing model. Does the contact tracing model stay the same for all aspects of contact tracing, including schools? The follow up on that is if the parents have questions on where do I go, do I call my pediatrician or does the County have a testing facility, do those virtual contact tracers have the information to assist these families?

Schuyler: The virtual contact tracers have all of the local information and are able to answer most every question that schools have. Schools are a little different. We have one nurse designated and also one school specialist provided by the state that work hand in hand with all of the school districts so if there is a positive case of a staff member or student, she works with the school nurse to get the list of contacts and those contacts are immediately contacted either by our staff or by the school; especially after hours making sure that no children get on the bus who shouldn't be going and do that immediate interview right away. Once the disease investigation is completed, then those contacts are turned over to the virtual contact tracers. The schools do tend to work more closely with us than a regular case would.

Khan: With the schools the local system is working very efficiently. The local point of contact, Jenny Rohlin, working with these school staff, the superintendents, I just had conversations with a few of the superintendents this week and how appreciative they are of the county staff and their point of contact. Essentially sometimes these people are getting calls from the county staff on the weekends so that those students are not coming in on Monday and the quarantining is occurring. And getting back to Betsy (Kidder), I think one thing the county is doing is if they think that the practice is capable of doing a COVID test, they are directing those patients to go to those primary care facilities rather than having them go to all different sites overloading the county.

Schuyler: Right. On a side note I did have a meeting this morning with school superintendents to talk about the what ifs on the yellow zone and the 20% testing. To give the Board somewhat of an idea of what my vision is that we are going to be scheduling a meeting as soon as possible with myself, Dr. Berke who is our laboratory director as well as our medical director, the school superintendents and all of the school physicians to talk about a plan moving forward. The state has said that local health departments are required to allow schools to test under our limited service laboratory license. If we are unable or unwilling to do that, then we must assist the schools in finding another partner to do that or the school would have to apply to be a laboratory themselves.

Ney: Oh my goodness

Schuyler: What I discussed with the superintendents today is that we've locked down the liability issues, legal has looked into this, and while I think it is terribly inappropriate and wrong of the State, and really the State has no legal

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ground to say that you must allow someone to test under your license, we want to help out the schools. We've always had a really good working relationship with the schools and we are going to do all that we can to help schools with this testing requirement if it comes to that. We are looking at allowing the schools to test under our limited service license and so we would function as the lab director and the lab. The State says that their lab director has total immunity. What that would do is put the onus on the school physicians. While we would oversee the testing process and training, the schools would be responsible for the standing order, the consent, for notifying patients of results and that sort of thing. We do have the Abbott IDNOW analyzers and some supplies for those. The State is sending the Abbott BINAX which is a card that does not require an analyzer to process, for use in the schools. Research is mixed on the effectiveness of these point of care tests. While we don't have all of the details worked out I am confident that we will be able to assist the schools with this. If we were a physician practice, hospital, or a diagnostic treatment center such as The Resource Center or The Chautauqua Center who the school wants to partner with instead of us, they could do that, but that lab won't have community testing on their lab license, they would have to have community testing added, plus they would have to add these CLIA waived testing to their CLIA waiver, then that entity would be responsible for the lab director, policies, training, etc. and also the lab is responsible for reporting the results of all of the testing into the NYS reporting system, ECLRS.

Ney: I know JCC is truly grateful to the Health Department help that they have received.

Schuyler: Yes, we have worked a lot with JCC and SUNY Fredonia, as well as all the PreK-12 schools. It's amazing if you think about the size of our staff and the amount of people that we are working with.

Khan: I think it is a great foresight on you, your staff, and Dr. Berke looking to help schools because, based on my conversations, they are ready to roll up their sleeves and help with the testing and reporting. They were struggling with the limited license to be able to test, so this will be great to having that in place going forward so thank you.

Berke: A lot of them are trying to reach out to find someone with a limited license and it's not that simple because, as Christine just said, there is more to the license that is required in respect to community testing and so this will work out very well.

Khan: It is much different than the CLIA license that you and I have.

Kidder: I agree the foresight here is great and planning ahead as if we are going to get to a level yellow is a smart thing to do and getting everything set up so we can just flip a switch when that time comes. Are the schools okay with PPE and staff to swab?

Schuyler: That is all part of this. The State is to provide all of the testing supplies as well as PPE and I've explained to the superintendents that we need to talk about who you need for staff and how many you will need. You have to go into full PPE to do the swabbing and there are precautions that need to be taken. I don't feel comfortable just dumping this on schools who have never run clinics, they don't know how to do pods like we do, they don't have the experience and if you have one school nurse that is already overwhelmed, and then to figure out how do manage this I think is asking a lot and is a recipe for disaster and so we are going to have to figure out what we can do to support them without further taxing our own staff.

Kidder: Are you anticipating that there will be more FTEs needed as we move into possibly a yellow zone.

Schuyler: I do not know that going to yellow we would need anything. Some of it is a recruitment issue. Everyone knows nurses are hard to come by. We did pull in other health and human services staff to assist and I plan to keep them here indefinitely at this point. We need to work with County departments who have had to decrease services because of the pandemic and utilize staff accordingly. Working with the schools on the testing initiative, we can help to position ourselves when the vaccine comes and when we will most likely be going to schools to do

<p>COVID-19 cont'd</p>	<p>vaccination pods, I think they will be better prepared. We could need more staff. I am very concerned for our current staff. The public health workforce is so stretched that people have not gotten days off, been able to use their vacation time, many are working seven days a week with only a day off here and there. With Jenny and the schools – she is not 24/7 but schools keep calling her 24/7 and that was another discussion that I had with school superintendents today is that we have now taught the schools how to walk and so they need to take this and run with it with their own nursing staff. We cannot keep doing everything for them and answering every question that they have. The superintendents are very appreciative of that and understanding.</p> <p><u>Khan:</u> Regarding testing and vaccination when that starts, how about a call county wide to nurses for folks who have days off and want to help or volunteer their time. A countywide call to those that want to help the health department for signing up for those pop up sights for when the testing needs to be done at school or vaccinations.</p> <p><u>Schuyler:</u> We would take them now if they want to apply for a part time position.</p> <p><u>Khan:</u> I'm not talking necessarily about part time, but just people that may be able to fill in a day or so here and there to volunteer or they may get paid, but I know there is a lot of good will and people are willing to help.</p> <p><u>Schuyler:</u> There is no per diem rate for this type of thing. The county process is that you are either full time or part time. Even if they are just used occasionally they are considered part time. We have tried very hard to figure out how to use volunteers with our county system, but we can't do that either.</p> <p><u>Berke:</u> We are facing a significant problem over the next 2-4 months where we are going to have a spike in cases which may get unmanageable, to then the issue of availability of vaccine and so we are going to need a lot of hands on deck.</p> <p><u>Khan:</u> Exactly and so is this something that we can do locally and go to the County Legislature and say we need to modify some of the processes to allow for volunteers.</p> <p><u>O'Brien:</u> The state civil service process and union requirements – do any of these need to be waived during a pandemic? Are they getting in the way in terms of what you need to do?</p> <p><u>Ney:</u> They would have to be waived. There are many retired nurses who are willing to help. We may need a waiver or a pilot project especially if things get worse, which they will.</p> <p><u>Berke:</u> It would be really nice to be able to call on these individuals who are well trained, have good intent and so there has got to be a way to get them in so it doesn't ruffle any feathers, but gets the job done until we get to the other side of this.</p> <p><u>Schuyler:</u> The state will dictate and manage the entire vaccination program, so it will be up to them to dictate who gets the vaccine and how it is distributed. We all know there are many unknowns out there regarding the vaccinations themselves on how they can be stored, etc. We did submit our plan as required by NYSDOH.</p> <p><u>O'Brien:</u> Do you get any data that reliably informs you of where the spread seems to be occurring?</p> <p><u>Schuyler:</u> What we have seen with our case investigations is families are spreading it through family gatherings. We have had many weddings where it has been spread to families and friends. We've had Tanglewood Manor where just about everyone there contracted it. We have not seen it in schools, which is good. The cases that we have seen the schools seem to be linked to activities outside of school. We haven't seen the spread from supermarkets or employers. We have had a few clusters, but again they seem to come from outside social activities and then spread through the workforce, but we have been able to put a stop to that so it doesn't go through the employer.</p> <p>The next slide talks about vaccination readiness. This comes from the state and shows the priority of vaccination distribution, which starts with high-risk population and healthcare workers, then other essential workers and then</p>
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the general population. The next slide talks about the role of emergency services (EMS). Our EMS department has been phenomenal. John Griffith and his team have really supported us with this. They provide support for our testing clinics to include workers, equipment, coordinate with facilities, law enforcement to direct traffic. We use their facilities to store supplies. They have been instrumental in distributing PPE, like hand sanitizer to hospitals, nursing homes, businesses and have done an awesome job. The next slide talks about public health emergency preparedness (PHEP). PHEP exercises in the past have not included responding to a crisis that is as far reaching as a global SARS pandemic. The NYS PHEP program requires routine exercises and the development of plans to assess preparedness at the county level. Over the past decade these have included: Bioterrorism/Anthrax, Post-exposure prophylaxis POD for Hepatitis B, Catastrophic weather events, Large-scale accidents. CCDHHS has responded to and planned for the H1N1 pandemic, Ebola and Zika. Past findings from PHEP exercises identify the need for additional staff, given that routine public health activities must be maintained during emergency. Most emergencies are for a short time. This emergency has been going on now for 9 months. Our routine public health activities have absolutely stopped during this time. It also identifies the need for key staff and volunteers to be trained before the event and not solely provided "Just in Time" training; and the need for more volunteers involved in exercises to simulate a "stressed" system and identify weak points.

Ney: Volunteers was used there twice.

Schuyler: We have been able to utilize volunteers from the fire services, red cross and other agencies, especially in our drills. One of the main problems we have with this pandemic is that we are required to isolate and quarantine and that is a function that only LHD staff can do. Any staff doing that must be under my direct authority. We have a little more leeway when it comes to something like vaccinating.

The next slide talks about measures to implement in the future-maintain sufficient staffing levels to improve our ability to respond to future pandemics or major events and ensure an ample supply of PPE for community distribution. We are required by the governor to have our next pandemic plan in by April 1st. I cannot fathom how we are going to put a next pandemic plan together when we are still dealing with the largest most complicated pandemic that we have ever faced.

O'Brien: Thank you Christine, Bree and others for putting this information together. The next question is how to communicate some of the things you've identified to the people that can provide the resources. That is not necessarily the role of this board but I would like to discuss it to see what we can do to support you when that time comes.

Schuyler: One thing that bothers me is the lack of awareness on our local media and the public of the tremendous workload and dedication of our public health workforce in this county. When you hear of the front line workers no one thinks about the public health staff that have been at this every day seven days a week since the beginning of March. You celebrate, and rightly so, hospitals working on the front lines and taking care of patients. They didn't have any patients at the time. I think it would do our staff a world of good just to have some more recognition for the importance of the work that they are doing. I try to do that. People praise me, but it's not about me, it is about our staff, our department, and I want our staff to know that they are considered the absolute front line of this pandemic. This county would be in a whole lot worse shape if it were not for the dedication and the work of our entire public health workforce. Public Health has always been pretty invisible. You think of public health when things go wrong. You don't think of it ever time you turn your tap on and your water is safe to drink or children don't have vaccines for preventable diseases anymore. This time especially it is so important for people to realize this.

COVID-19 cont'd

<p>COVID-19 cont'd</p>	<p><u>O'Brien:</u> What you and Bree were able to put together is data that shows that we are doing a good job and now hopefully the media can help us with this and know the amount of work and assist to be more publically recognized. If things get worse, you are going to need some specific assistance and this might be the time for people who can render that assistance to be talking to you.</p> <p><u>Kidder:</u> You can tell your staff that they are our heroes for sure.</p> <p><u>Tarbrake:</u> What was your reaction to Governor Cuomo's statements on how WNY is handing the pandemic? I thought that was pretty harsh and realize it was directed primarily towards Erie County, but he did say WNY.</p> <p><u>Schuyler:</u> I was somewhat shocked at the way he talked and how derogatory to say that we've never felt the wrath of COVID-19. There are hundreds of people who have lost their lives in WNY and to say that those families don't know what it's like to suffer and not to recognize that we have done an amazing job to isolate and quarantine and also the vast majority of people here pay attention to the precautions and are following the rules. There's always the 10% who don't follow rules, but in general we have done an excellent job here. We are now into the second wave and it was fully expected for cases to go up and infection rates to increase as people are indoors more. We've already had many bouts of really cold weather. We live in a different place than down state and I find it hard to believe that adequate testing is going on in NYC, that their disease infection rate is really as low as it is. There are a lot of healthcare workers who have to get tested every week in NYC. As a person responsible for leading the entire state and making such divisive comments instead of lending support to whatever end of the state, is poor leadership, in my opinion.</p> <p><u>Berke:</u> He made an error as you said, it was totally unnecessary as we are all New Yorkers.</p> <p><u>Schuyler:</u> We do have some COVID-19 enforcement issues to talk about so I will let Bill talk about that.</p> <p><u>Boria:</u> Environment Health has been responsible for following up on COVID-19 business complaints. What we've been doing is contacting the business and providing outreach and education. We do get a lot of anonymous complaints and there is a large percentage of them where we do not find a violation at all. More recently we have had instances where we've had multiple complaints from the same business and we've also had some complaints where we've gone in and identified some blatant violations like no mask wearing and no social distancing in restaurants by staff. As a result, we are changing our follow up approach. We will do the onsite investigation, collect evidence and then, if needed, issue a cease and desist order that identifies that they are not following the NY Forward guidance and that they need to cease and desist anything that isn't following that guidance. This starts the path to taking more aggressive enforcement action like issuing a hearing notice and fines. To date we have issued cease and desist orders to 11 restaurants and bars, one gentlemen's club that we closed down, we are bringing some enforcement actions to a hearing in December and one of the things that we'd like to do is issue a press release sharing our approach to enforcement with the public and hopefully business owners will see this and do a better job with compliance of the Governor's executive orders.</p> <p><u>Kidder:</u> We've all heard positive news recently in the last week or two on the effectiveness of the vaccine that is coming out and it has kind of lit a fire about what is coming in the next few months. You mentioned the first of a vaccination plan was submitted. Is that something that the board can take a look at and then as we go forward and hear what the State's plans are, I think getting a community plan in place with pharmacies, medical offices and hospitals with the leadership of the county and starting to meet early on in the process to get a community wide vaccine planning effort underway would put us ahead of the ballgame a little bit. Are you able to comment at all on what the plan is or how we could, as a board, support a community wide planning effort?</p>
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	<p><u>Schuyler:</u> I'd be happy to send the plan that we sent out to the board. It is just the framework using the State's template. It does include community partners and health care providers. A community planning effort is actually part of that plan. I don't know how soon it would be fruitful to do that just because there are so many unknowns within the federal and state government and with the vaccine itself.</p>
<p>New Business Sanitary Code</p>	<p><u>Schuyler:</u> The sanitary code was reviewed by our attorney, Lynn Schaffer. She found that there is no language in the code about issuing subpoenas. This is not related to COVID. Under communicable disease, I as the public health officer have a whole lot of authority to handle those situations. This is just in case we need to subpoena documents or something in an environmental health issue to get the documents we need to complete our investigation. If you prefer to table it we can do that and then Lynn can speak to this directly at our next meeting. This is a gap that she found when she was reviewing the sanitary code that we don't have anyone designated on the board to issue a subpoena for documents if we have someone refusing to give them to us for an environmental health investigation. For example if we say we need you to provide your temperature logs for a restaurant for a certain period of time and they say no and we feel that is critical evidence that we need to take it to a hearing officer, the Board of Health would have the authority to issue a subpoena to obtain those documents. Or if we want to have someone from the Sherman Mill in court to testify, we currently do not have the authority to subpoena that person.</p> <p>After much discussion, a motion was made.</p> <p><u>Tarbrake:</u> I move to designate the president and, in the president's absence, the vice president is alternate, to sign and issue subpoenas that will be regulated by the Civil Practice Law and Rules of New York, as authorized by sections 308 and 309 of the Public Health Law and as in the Chautauqua County Sanitary Code. Tarbrake, 2nd O'Brien all in favor, opposed, Ney abstained. Motion is carried with one abstention.</p> <p><u>Schuyler:</u> There are a few other administrative and typographical amendments to the sanitary code. We will send it out to the board for review and discuss it at the next meeting.</p>
<p>New Business Hepatitis A</p>	<p><u>Schuyler:</u> We have had an uptick of Hepatitis A cases, mainly in the Jamestown area. We received another new case today, so that puts us at 15. We have noticed that many of these cases are related to IV drug use. We have consulted with the NYSDOH regional epidemiology office, had a meeting with some of our local partners and devised an immunization plan. We've received 100 vaccines from NYS. Our Public Health nurse, Kelly Whitver, is in charge of this program area and she is working with Evergreen and our first vaccination clinic is tomorrow. We have enlisted the support of nursing students to assist us with vaccinating, which is a great clinical opportunity for them. We are also getting educational materials together, working with the Mental Health Association, UPMC Chautauqua, The Chautauqua Center, and Evergreen trying to educate the community and specifically our target population on the risks, dangers, importance of vaccination and really trying to stop the spread of Hepatitis A.</p> <p><u>Kidder:</u> It's good news on getting JCC nursing students with volunteering. So does this mean as we work with other vaccination attempts, like COVID, that we can utilize volunteers to assist with vaccination in the County?</p> <p><u>Schuyler:</u> Yes. Students have always been part of our plan and we did use them during H1N1. We have the BOCES LPN program with Job Corp and JCC nursing students that we are able to use as long as they are supervised this does count as their clinical time, which they are having a hard time getting with everything going on. There is pending legislation that will allow others who are not nurses to vaccinate. I don't know how wide spread that will go as far as who will be able to vaccinate. The legislation is waiting for final approval. I believe</p>

	<p>you are going to see paramedics, EMTs, pharmacist who will be able to vaccinate for COVID-19. This will absolutely increase the capability for vaccination.</p> <p><u>Erlandson</u>: Is there anything else related to new business? Then we will move on to other.</p>
<p>Other Business Tobacco</p>	<p><u>Erlandson</u>: At the September meeting we set up a committee to develop regulations to smoking. The committee includes Ken Dalhgren, Mark Tarbrake and I. I have been communicating with Lynn Schaffer. We have nothing to report today, but Lynn is developing a draft to present to the board for review and discussion at our next meeting.</p> <p><u>Boria</u>: During the discussions that I had with Lynn, she wanted me to relate to the Board that it is going to be important for the Board to get buy in from the Legislature on any changes to the smoking law or wind mills.</p> <p><u>Schuyler</u>: Elizabeth Rankin wasn't able to join us for our meeting tonight, but I will remind the Board that Mrs. Rankin is our Legislature representative for the Board of Health and so she could naturally be the conduit of information back and forth. If we ever have a chance of a local law being passed, we have to have approval from the Board of the Health and the Legislature.</p> <p><u>Erlandson</u>: I'd like to read part of Lynn Schaffer's email that she sent to me. She states she is developing a draft and it will be something that will be reviewed with the Board of Health to take to the appropriate committees of the Legislature and then to the Legislature to get their approval before sending off for State approval. So there is that process and so I just wanted to give you an update on the status of that.</p>
<p>Wind Mills</p>	<p><u>Erlandson</u>: I will give a quick up on our previous discussions relative to the wind industry. Last December we sent a letter to all of the town boards urging them to develop local laws or approaches at the town level because if that did not happen before wind mills came into the town it will be too late. I did not have a single response from any town board. I did go to the town board in the Town of Carroll where I live and re-read the letter at the January meeting. There was some initial interest from our town planning board, but nothing since. I have to conclude that at least at the town board level there is not a lot of concern about the wind industry and those concerns have been largely submerged by the public view (appropriately) because of the pandemic, but it hasn't gone away. It is disappointing at least in my opinion.</p>
<p>Future Meetings</p>	<p>It was decided to hold a meeting in December. This meeting will be held on December 17, 2020 at 6:00pm</p>
<p>Adjournment</p>	<p>Motion to adjourn by O'Brien. Meeting adjourned at 7:50pm.</p>
<p>Future Meeting Dates</p>	<p>December 17, 2020, January 21, 2021</p>