

Eastern Highlands Health District  
Board of Directors Regular Meeting  
Agenda  
1712 Main Street, Coventry  
Town Hall Annex  
Thursday June 16, 2022, 4:30 PM\*

**Scheduled Item: Public Hearing – Proposed EHHD Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon**

Call to Order

Approval of Minutes (April 21, 2022)

Public Comments

Old Business

1. Proposed EHHD Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon (item#2, 4/21/22)

New Business

2. Proposed Position Classification Change
3. CGS Section 19a-36i, Itinerant Mobile Food Vendor, Reciprocal Licensing - MOA

Town Reports

Subcommittee Reports

4. Finance Committee – Financial Report, period ending 3/31/22
5. Executive Committee – FY21/22 Auditor appointment

Directors Report

6. EHHD, Private Water Supply Sodium Chloride Survey
7. Public Act No. 21-46 – Act Concerning Social Equity and the Health, Safety and Education of Children
8. HB 5045 – Childhood Lead Protection
9. COVID-19 Response Activities Update – 6/10/2022
10. Quarterly Activity Report for the period ending 3/31/22

Communications/other

11. CT DPH re: Second Case of Powassan Virus
12. CT DPH re: First Case of Powassan Virus
13. Governor Lamont re: US Census Approves Proposal for CT COGS to Become County Equivalents
14. CT DPH re: PFAS Update for Public Water Systems
15. CDC re: Monkeypox Virus Infections

16. R Miller re: COVID-19 5-13-22 Report & School Guidance
17. CDC re: Highly Pathogenic Avian influenza

Other business

Adjournment

*Next Board Meeting – August 18, 2022, 4:30 PM*

**\*Virtual Meeting Option**

In accordance with PA 21-2 §149, meeting participants may also attend virtually. Please email [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or call 860-429-3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live. A video recording of the meeting will be available at EHHO.ORG within seven (7) days after the meeting.

Public comment will be accepted by email at [mbrosseau@ehhd.org](mailto:mbrosseau@ehhd.org) or by USPS mail at 4 South Eagleville Road, Mansfield, CT 06268 and must be received by 3:00 PM on the day of the meeting to be shared at the meeting (public comment received after the meeting will be shared at the next meeting).

Eastern Highlands Health District  
Board of Directors Regular Meeting Minutes - DRAFT  
Coventry Town Hall Annex  
Thursday, April 21, 2022

J. Elsesser called the meeting to order at 4:32pm

**Members present:**

**In Person**

J. Elsesser (Coventry), L. Hancock (Tolland), D. Walsh (Coventry), E. Wiecenski (Willington)

**Virtual**

E. Anderson (Andover), R. Aylesworth (Mansfield), S. Powers (Scotland), M. Walter (Columbia)

**Staff present:** R. Miller, C. Bradshaw-Hill (virtual), M. Brosseau, K. Dardick (virtual), L. Swanson

E. Wiecenski made a MOTION, seconded by L. Hancock to accept the minutes of the February 17, 2022 meeting as presented. MOTION PASSED unanimously.

**FY 22/23 New Salary Pay Ranges – Implementation**

R. Miller presented the background on why these changes are needed, noting there is no fiscal impact.

D. Walsh made a MOTION, seconded by E. Wiecenski that in concurrence with the pay range implementation plan, to authorize the Director to exceed the FY 21/22 maximum one-time merit payment threshold for the two subject Sanitarian II positions; Further, to authorize the Director to set the new base rate for the two subject Sanitarian II positions consistent with the new pay ranges; the new rate shall be based on the sum of the FY21/22 base rate plus the value of the FY21/22 one-time merit payment, and become effective July 1, 2022. MOTION PASSED unanimously

**Cosmetology Permitting and Inspection Program – Proposed Sanitary Code amendments**

R. Miller presented an overview of the program and the amendments to the sanitary code. L. Swanson was available to answer questions.

E. Wiecenski made a MOTION, seconded by D. Walsh to set a public hearing date of Thursday June 16, 2022 at 4:30PM to receive the public's comments regarding the proposed amendments to the Eastern Highlands Health District Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa, as presented on April 21, 2022. MOTION PASSED unanimously.

The public hearing will be held at the Coventry Town Hall Annex in Coventry.

### **FY21/22 & FY22/23 Capital Nonrecurring Fund- proposed amendments**

D. Walsh made a motion seconded by E. Wiecenski to add the item FY21/22 & FY22/23 Capital Nonrecurring Fund- proposed amendments to the agenda. MOTION PASSED unanimously.

R. Miller presented to the board the necessity of the proposed amendments.

E. Wiecenski made a MOTION seconded by L. Hancock to authorize a spending increase of \$7,000 in the fiscal year 21/22 CNR budget; and further, to authorize a spending increase of \$5000 in the fiscal 22/23 CNR budget. Both increases are for the purpose of replacing a fleet vehicle. MOTION PASSED unanimously.

### **Town Reports**

**Columbia** M. Walter informed the board that he is experience lots of staff with COVID. In addition, he noted that the Main Moose should be opening soon.

**Andover** E. Anderson report the town is doing well overall. He noted construction has started on the connectivity grant; there is a project underway expanding the Rails to Trails access point near Lake Road; He further informed the board that senior activities are back to full swing.

**Mansfield** R. Aylesworth report they are seeing an uptick in participation of programs. He reported that the town has received a community challenge grant that will match funding for the Eagleville Green project. He noted that the downtown is recovering but not to pre-pandemic levels.

**Scotland** S. Powers reported that Scotland is having a roadside cleanup on Saturday, April 23 for earth day. As part of this there will be no passes necessary at the dump that day. She informed the board that the town has received a \$1000 tax kickback on nips.

**Willington** E. Wiecenski reported that the town will be signing a steep grant for a new septic system at the town hall. She informed the board that she is seeing lots of staff with COVID. E. Wiecenski noted that more meetings are moving to hybrid.

**Coventry** J. Elsesser reports that the town has received a trail grant that will ultimately result in connecting the Hop River trail and Nathan Hale.

J. Elsesser informed the board that round-about improvements are being pursued. Permeable sidewalk is being considered for the area.

A Steep grant has been received that will be used for methane venting at the landfill and adding a new softball field.

J. Elsesser noted that Hytone Farm is installing an anaerobic digester that will turn manure into natural gas and they will be able to sell electricity.

Projects are being pursued with Connecticut Water for additional extensions of the water system.

A Community Funding grant will result in the connection to Bolton Sewer System.

A sidewalk grant will add a sidewalk to Daly Road.

A Community Connectivity Grant will result in sidewalks from Coventry High School to Lisicke Beach.

The town is buying Open Space on South River Road.

**Tolland** L. Hancock reported that the town budget has moved to referendum and she is dealing with controversial issues. She informed the board that affordable housing regulations are being reviewed. In addition, 2 Firehouses will be demolished and 1 will be renovated. L. Hancock noted that the town is working with a developer to develop 240 luxury apartment units in town.

**Coventry** D. Walsh expressed enthusiasm about the rails to trails projects. In addition she inquired about the free test kits program. R. Miller informed her on how to get the free test kits from the government and that he was unaware of any future distributions of test kits to towns.

### **Directors Report**

#### **Sodium Chloride (NaCl) Exceedances – private well survey**

Rob notified the board of this issue. He noted that in 2015 Environmental Health Staff began to observe an uptick in NaCl exceedances on water tests being received. The office began collecting data and compiling test results. 140 private wells are currently on the list. He noted that the location of the wells is protected by state statute. The Health District has a program in place to offer assistance to homeowners with these exceedances. Some of these incidents have escalated to complaints and referrals to DEEP. R. Miller will report on this further at the next meeting.

#### **COVID-19 Activity Update**

R. Miller informed the board that Tolland and Windham County are still in the low category despite an uptick of cases over the last 3 weeks due predominantly to the sub variant BA.2. The Health District in partnership with DPH is planning for another surge. As part of the planning Tolland Middle School has been identified as a site for PCR testing if necessary. The site in Windham is also ready to ramp up and add hours if necessary. R. Miller noted that contact tracing has essentially stopped. The district is still responding to clusters and outbreaks by acting as lead or support in investigations.

R. Miller reported that his office pushed out guidance to support schools moving forward and to define an outbreak.

R. Miller noted that the district's social media messaging is expanding. In addition the office is waiting for the second round of ELC funding. In this grant, there is a large amount of money earmarked for testing.

R. Miller informed the board that a schedule of vaccination clinics is being developed for summer pop-up events.

**Medical Advisor update**

K. Dardick commented on the shortcomings of the testing reports. His office is receiving a large number of calls of positive cases from home test kits. He noted there is now good medication available. A website for practitioners is available to inform as to which pharmacies have the medication available. He noted that his colleagues are seeing an overwhelming amount of cases of influenza amongst kids. He stated that this will likely be a season of late onset influenza.

(5:50 pm R. Aylesworth left the meeting.)

(5:55 pm D. Walsh left the meeting.)

**CADH Legislative Session Report**

R. Miller called attention to Bill 5045 that will expand the protections for child exposures to lead. This will increase the number of orders that are issued by his office. The proposal includes funding from ARPA for 3 years. It is then suggested that reimbursement will come from Medicare. R. Miller noted that additional staff may be necessary to implement the mandates of this bill.

In addition, R. Miller noted SB240 will mandate training for DPW workers by DOT & DEEP on salt application.

**Health District staffing update**

R. Miller noted that a Public Health Nurse will be starting with the district the middle of May.

**Communications**

**DPH re: Draft MOU between LHDs regarding itinerant vendor reciprocity**

R. Miller informed the board that Public Act 21-26 calls for reciprocal licensing for itinerant vendors. There will be a web-based platform developed to track who is participating. Local public health has been told that if they can't figure it out it may be mandated.

(6:05 pm C. Bradshaw-Hill left the meeting)

**Adjournment**

E. Wiecewski made a MOTION seconded by M. Walter to adjourn at 6:08 pm. MOTION PASSED unanimously.

**Next Board Meeting – June 16, 2022, 4:30 PM**

Respectfully submitted,

Robert Miller  
Secretary



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

---

## Memorandum

To: Board of Directors

From: Robert Miller, Director of Health

Date: 6/9/2022

Re: Proposed EHHD Sanitary Code Amendments, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon, and Spa – Recommended Motion

### Background

Attached for reference are the public hearing announcements, the April 21, 2022 cover memo regarding the above matter to the board, and the proposed Section 5 Sanitary Code language.

### Recommendation

Pending the information provided during the public hearing process, this office recommends the EHHD Board of Directors approve the proposed amendments to the EHHD Sanitary Code.

If the board concurs the following motion is in order: *Move, to adopt the proposed amendments to the Eastern Highlands Health District Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon, and Spa as presented on June 16, 2022, effective July 1, 2022.*

# Classifieds



## Legal Notice

### Legal Notice

#### PUBLIC HEARING NOTICE Proposed Eastern Highlands Health District Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa

The Eastern Highlands Health District Board of Directors will hold the following public hearing on June 16, 2022 at 4:30PM at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut to receive the public comments regarding the proposed amendments to the Eastern Highlands Health District Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa. At this hearing interested persons may appear and be heard and written communications received.

In accordance with PA 22-3, this will be a hybrid meeting. A video recording of the meeting will be available on EHHD.ORG within seven (7) days after the meeting. Public Comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at EHHD, 4 South Eagleville Road, Mansfield, CT 06268 and must be received prior to the meeting. Please email mbrosseau@ehhd.org or call 860.429.3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live.

The Eastern Highlands Health District Proposed Sanitary Code, Section 5 documents can be accessed at www.ehhd.org, or by requesting the documents by emailing mbrosseau@ehhd.org

No information from the public shall be received after the close of the Public Hearings. Dated at Mansfield, Connecticut, this 1st day of June 2022.

Robert L. Miller  
Director of Health

## Legal Notice

### Legal Notice

#### TOWN OF COVENTRY LEGAL NOTICE ZONING BOARD OF APPEALS

At its Regular Meeting on May 17, 2022, the Board made the following decisions:

1. #ZBA-22-4 Application of Stephen Penny, requesting a variance of Section 4.04.04 Buildable Land Requirements to create a buildable lot (25,000 sq. ft. required, 5,200 sq. ft. proposed) at Riley Mountain Road (Assessors ID # R05450 ) GR80 Zone A **PROVED**
2. #ZBA-22-5 Application of Rebecca Kitfield, appealing a decision made by the zoning enforcement officer in interpreting Section 6.03.01 a.3. Generally Permitted Uses for the keeping of mink pigs at 42 Squirrel Trail (Assessors ID # R05110 ) LR Zone DE **DE NIED**

Details of this decision may be found in the minutes on file in the Town Clerks office. Dated this 26th day of May 2022.

## Legal Notice

### Legal Notice

#### TOWN OF COVENTRY LEGAL NOTICE PLANNING AND ZONING COMMISSION

At its Regular Meeting on May 23, 2022 the Commission made the following decision:

#22-05 - Special Permit application of Sean Banks for owner, Coventry Meadowbrook Center, LLC for interior floor plan alterations for a liquor sales establishment at Meadowbrook Plaza, 1671 Boston Turnpike (Assessors Account No. R01694) Commercial Zone. **APPROVED**

Details of this decision may be found in the minutes on file in the Town Clerks office. Dated this 27th day of May, 2022

## Tag Sales

**LEBANON LIONS CLUB** Second annual tag sale, 122 Mack Rd. Lebanon Lions Fairgrounds Sat June 4 8:30am-2pm. Antiques, Household items, toys, collectibles and much more! Food Vendors on site. \$3 Admission, under 12 free, bring unwanted glasses for \$1 off admission. Net proceeds to benefit a local charity. Vendor Spots also available, same day registration, call Susan 860-428-2647 or email sbrettdavis57@yahoo.com Early Bird entry 8:00am \$20 admission

## Tag Sales

**WILLIMANTIC** Corpus Christi Women's Club Tag Sale, St. Joseph church parking lot at 99 Jackson Street, Sat June 4<sup>th</sup>, 9- 2, Rain date Sat, June 25th

## Tag Sales

**WINDHAM** 38 Oakwood Dr. Sat & Sun June 4 and 5. 7am to 3pm. Moving Sale! Tools, Fishing equipment, jewelry, too much to list!

## Puzzle

### CELEBRITY CIPHER

by Luis Campos

Celebrity Cipher cryptograms are created from quotations by famous people, past and present. Each letter in the cipher stands for another.

" B P R Z B F M D N P D X N D V Y M  
 B M N L Y N X H N Y G V E B M N E B M Z K B M N S  
 B M W K A B M N S F Z K , W B ' Y Z I N Z Y B W G V X  
 B M W K O . W B ' Y E N Z X X S M V L Z K . "  
 — Z I I S R Z L I Z F M

Previous Solution: "How do we change the world? One random act of kindness at a time." — Morgan Freeman

TODAY'S CLUE: A equals H



way to their last World Series good stuff. So he'll probably

# Y as Mets complete sweep of homestand



UP THE CLASSIFIEDS!  
646-7767 or 800-237-3606

**PUBLIC NOTICE**

**PUBLIC NOTICE**

**OF PUBLIC SALE:** The following self-storage unit containing household and other goods will be sold for CubeSmart 255 Center Street Manchester, CT 06040 a lien on June 14th, 2022 at approx. 12:00 PM at gettreasures.com

Mason W Rosa  
Christine A Morton

Journal Inquirer  
May 31, 2022  
June 1, 2022

**PUBLIC NOTICE**

**OF PUBLIC SALE:** The following self-storage Cube containing household and other goods will be sold for CubeSmart 0316, 282 Chapel Road South Windsor to satisfy a lien on June 14th, 2022 at approx. 12:00 PM at www.storage-treasures.com

52 Lorraine D Barno  
55 Stephanie L Laurin  
51 Kayla A Townsend  
53 Cheryl Taylor  
56 Brian E Pierre

Journal Inquirer  
May 31, 2022  
June 1, 2022

**PUBLIC NOTICE**

**OF PUBLIC SALE:** The following self-storage unit containing household and other goods will be sold for CubeSmart 522 Cottage Grove Rd. Bloomfield, CT to satisfy a lien on 6/14/22 at approx. 1:00 PM at gettreasures.com

7 Phillip Powell  
0 William Schley  
1 Dayra Emirzi Salazar  
7 Vincent H Bish  
5 Shakela C Campbell

Journal Inquirer  
May 31, 2022  
June 1, 2022

**PUBLIC NOTICE  
LEGAL NOTICE**

for Locks Planning & Zoning Commission will hold a meeting on Monday June 13, 2022, at 7:00 pm at Locks Town Hall room 106, 50 Church Street, Wind-Ct:

South Main Street - Zone Change #2022-02,  
Change application from Ind-2 Zone to Bus-2  
; Wally Property Management LLC, owner;  
ney Paul W. Smith, applicant; Map 43/Block 89/  
1; Ind-2 Zone.

Millton Road - Special Use Permit #2022-01,  
Special Use Permit to allow for light fixtures up to 24'  
height, Hamilton Sundstrand Corporation, owner;  
1 Vavra, applicant; Map 16/Block 1/Lot 2; Ind-1

Old County Circle - Special Use Permit #2022-02,  
Special Use Permit to allow for light fixtures up to 24'  
height, GWL 110 Old County LLC, owner; Kyle Bruno,  
applicant; Map 46/Block 125/Lot 16/b; Ind-3 Zone.

Journal Inquirer  
May 31, 2022  
June 1, 2022

**Now Only \$5**  
ADD A PHOTO TO YOUR CLASSIFIED AD  
CHEVROLET CHALLENGER 2007  
4 DOOR, F.O.C. 15, 19000, 89K,  
Asking \$32900, Call 860-533-3300  
3396 or 800-237-3606  
WebPhoto: 13027

Journal Inquirer  
**CLASSIFIED DEPARTMENT**  
860-646-7767 • 800-237-3606

**PUBLIC NOTICE**

**PUBLIC NOTICE**

The Ellington Zoning Board of Appeals will hold a public hearing on Monday, June 6, 2022, 7:00pm, in the Town Hall Annex Meeting Room at 57 Main Street, Ellington, CT, and remotely for the following:

V202209 - Daniel Eckels, owner/applicant, request for a variance of the Ellington Zoning Regulations Section 2.1.10-Highway Clearance Setback: to reduce the front yard-setback from 50ft to 36ft for a detached garage at 57 Shenipsit Street, APN 021-036-0000 in a Residential (R) zone.

Details to attend provided on the agenda at www.ellington-ct.gov Agendas and Minutes or call 860-870-3120. Applications may be reviewed in the Ellington Town Planner's Office, 57 Main Street, Ellington, CT.

Journal Inquirer  
May 25, 2022  
June 1, 2022

**PUBLIC NOTICE**

**NOTICE OF PUBLIC SALE:** The following self-storage unit contents containing household and other goods will be sold for cash by CubeSmart 166 Adams Street Manchester, CT 06042 (860)533-1237 to satisfy a lien on June 14,2022 at approx. 3:30 PM at www.storage-treasures.com

Cube 3070 Sharon Lee Miceli  
Cube C016 Cazania Oley  
Cube 1056 Lucille J.Krinjak  
Cube B011 Wendy Morris

Journal Inquirer  
May 31, 2022  
June 1, 2022

**PUBLIC NOTICE**

**NOTICE OF PUBLIC SALE:** The following self-storage unit contents containing household and other goods will be sold for cash by CubeSmart 23 South Main Street East Windsor, CT. 06088 (860)623-2054 to satisfy a lien on June 14th, 2022 at approx. 11:00 AM at www.storage-treasures.com

Cube# D03 Jodi Honer  
Cube# D10 Jodi Honer  
Cube# F08 Nicholas Chartier  
Cube# F13 Paris Adams  
Cube# J27 Mark Hales

Journal Inquirer  
May 31, 2022  
June 1, 2022

**PUBLIC NOTICE**

**PUBLIC NOTICE**

**NOTICE OF PUBLIC SALE:** The following self-storage unit contents containing household and other goods will be sold for cash by CubeSmart 510 North Main Street Manchester CT 06042 (860)645-1609 to satisfy a lien on June 14th 2022 at approx. 12 PM at www.storage-treasures.com

Cube G11 - Jason Gorman

Journal Inquirer  
May 31, 2022  
June 1, 2022

**PUBLIC NOTICE**

State of Connecticut  
Court of Probate, Greater Manchester  
Probate Court District

**NOTICE TO Breisha Hilyard,** whose last known residence was in the town of New Britain, CT.

Pursuant to an order of Hon. Michael M. Darby, Judge, a hearing will be held at Greater Manchester Probate Court, 66 Center Street, Manchester, CT 06040-5003 on June 15, 2022 at 1:30 PM on a petition for Continued Removal of Guardian of the Person concerning a certain minor child born on June 30, 2007. The court's decision will affect your interest, if any, as in the petition on file more fully appears.

**RIGHT TO COUNSEL:** If the above-named person wishes to have an attorney, but is unable to pay for one, the court will provide an attorney upon proof of inability to pay. Any such request should be made immediately by contacting the court office where the hearing is to be held.

By order of the court  
Katie A. Fiegel-Rapp, Assistant Clerk

Journal Inquirer  
June 1, 2022

**PUBLIC NOTICE  
PUBLIC HEARING NOTICE**

**Proposed Eastern Highlands Health District Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa**

The Eastern Highlands Health District Board of Directors will hold the following public hearing on June 16, 2022 at 4:30PM at the Coventry Town Hall Annex, 1712 Main Street, Coventry, Connecticut to receive the public's comments regarding the proposed amendments to the Eastern Highlands Health District Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa. At this hearing interested persons may appear and be heard and written communications received.

In accordance with PA 22-3, this will be a hybrid meeting. A video recording of the meeting will be available on EHHD.ORG within seven (7) days after the meeting. Public Comment will be accepted by email at mbrosseau@ehhd.org or by USPS mail at EHHD, 4 South Eagleville Road, Mansfield, CT 06268 and must be received prior to the meeting. Please email mbrosseau@ehhd.org or call 860.429.3325 by 3:00 PM on the day of the meeting to receive instructions for how to view, listen, or comment live.

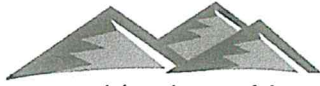
The Eastern Highlands Health District Proposed Sanitary Code, Section 5 documents can be accessed at www.ehhd.org, or by requesting the documents by emailing mbrosseau@ehhd.org

No information from the public shall be received after the close of the Public Hearings.

Dated at Mansfield, Connecticut, this 1st day of June 2022.  
Robert L. Miller  
Director of Health

Journal Inquirer  
June 1, 2022

www.journalinquirer.com



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

**Memo**

**To:** Board of Directors  
**From:** Robert Miller, Director of Health   
**Date:** April 13, 2022  
**Re:** New Cosmetology Permitting and Inspection Program

**Background**

Over 15 years ago, the Connecticut General Statute, section 19a-231 was passed into law. This statute mandates an annual sanitary inspection by the local health director of all "salons" within the local health department's jurisdiction. As of this date, this matter remains an unfunded, unimplemented mandate. In December 2018, the board authorized an appropriation to cover the legal fees associated with the drafting and development of a new "cosmetology" section of the EHHD Sanitary Code. The development of this new section was necessary to establish the local legal framework necessary to administer this new local regulatory program. Halloran & Sage completed the final draft of the new "cosmetology" Section 5, in December, 2019. Health District management convened a public forum of area business owners in January, 2020, to present and solicit feedback on the draft code, with a tentative date for the board to hold the public hearing at the April 2020 regular meeting. In March 2020, health district resources were reassigned to the pandemic response, causing a pause in this initiative. With the demands of the pandemic waning, the health district is now resuming this initiative.

**Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa - DRAFT**

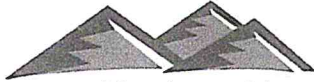
Attached for your edification is the above referenced proposed amendments to the Eastern Highlands Health District, Sanitary Code. Highlighted subsections of this draft code include definitions, provisions for establishing the permitting process, sanitary inspection standards, corresponding field inspection form, and enforcement.

This office drafted this new code section in partnership with attorneys at Halloran & Sage. While this work was completed prior to 2020, an updated legal review of this proposed language is currently underway to assure no major changes in the underpinning law.

**Updated Program Implementation Plan**

With the resumption of this important initiative the following updated implementation timeline is proposed:

- April 2022- Board of Directors sets a public hearing date for June 2022.
- May 2022- Health District management convenes a second public forum to re-present and solicit feedback from area business owners. (See attached power point presentation.)



## Eastern Highlands Health District

4 South Eagleville Road • Mansfield CT 06268 • Tel: (860) 429-3325 • Fax: (860) 429-3321 • Web: [www.EHHD.org](http://www.EHHD.org)

---

June 2022- Board of Directors holds public hearing; pending public hearing adopts sanitary code amendments, effective July 1, 2022 (effective date could be delayed if needed due to public hearing feedback.)

July 2022 to December 2022 – Permit Application and fee submittal period. Owner and operators schedule their initial sanitary inspection.

January 2024-First annual permit renewal

### **Fiscal Impact**

In anticipation of the resumption of this initiative, the adopted FY2022/2023 budget incorporates anticipated revenue and expenditures for the new program. No fiscal impact is anticipated.

### **Recommendation**

The adoption of this new code section will facilitate health district compliance with CGS section 19a-231. It is therefore recommended that the board, as authorized by CGS section 19a-243, set a public hearing date to receive the public's comments regarding the above referenced sanitary code amendments.

If the board concurs with these recommendations then the following motion is in order: *Move, to set a public hearing date of Thursday June 16, 2022 at 4:30PM to receive the public's comments regarding the proposed amendments to the Eastern Highlands Health District Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa, as presented on April 21, 2022.*

# Barbershop, Hairdressing, Nail Salon, and Cosmetology

## Permitting and Inspection Program

May 3, 2022  
Mansfield Town Hall  
Council Chambers



## Presentation Outline

- ▶ Background/History
- ▶ State Inspection Guidelines - overview
- ▶ Proposed EHHD Sanitary Code - overview
  - ▶ Permitting Process
  - ▶ Inspection Standards
- ▶ Program Implementation - tentative timeline
- ▶ Questions & Comments



## Background/History

- ▶ Public Health Risk - Disease Transmission, Chemical Exposures
- ▶ Individual Licensing
- ▶ Mandate to conduct annual inspections - CGS 19a-231 & P.A. 19-117
- ▶ Neighboring Health Department Programs
- ▶ Proposed EHHD program



## State Inspection Guidelines (PA 19-177)

- ▶ Salon Definition
  - ▶ ...as any shop, store, day spa, or other commercial establishment at which the practice of barbering, hairdressing and cosmetology, or the services of a nail technician, esthetician, or eyelash technician is offered and provided.
- ▶ Inspection mandate
  - ▶ The director of health for any town, city, borough or district department of health, or the director's authorized representative, shall...inspect (annually) all salons within the director's jurisdiction... such inspection shall be in accordance with such standards.



## State Inspection Guidelines

- ▶ Public Act 19-117, Section 196
  - ▶ Department of Public Health, in collaboration with the local directors of health of the state, shall establish a standardized inspection form and guidelines concerning standards for the inspection of the sanitary condition of a salon.
    - ▶ Personal Protective Equipment
    - ▶ Disposal of signal service materials/tools
    - ▶ Cleaning and sanitizing finger bowls, and other surfaces, equipment
    - ▶ Handwashing
    - ▶ <https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/SalonInspection/Salon-Inspections>



## Proposed EHHD Sanitary Code - Section 5, Overview

- ▶ Authority - GGS, Section 19a-243
- ▶ Permitting Process
  - ▶ Require valid permit to operate
    - ▶ Complete and submit application and fee
      - ▶ Plan review for new construction/renovation
  - ▶ Not transferable
  - ▶ Independent contractor provisions
  - ▶ Renewed annually
  - ▶ Suspension/Revocation provisions



## Inspection Standards

- ▶ Sanitary Condition/Infection Control (Section 5.8)
  - ▶ PPE
  - ▶ Disinfection of reusable equipment, and work area
  - ▶ Hand washing sink available
  - ▶ No re-use of single service items
  - ▶ No sick workers
- ▶ Customer Protection (Section 5.9)
  - ▶ Wash hands, soap/paper towels available
  - ▶ Proper labeling
  - ▶ No prohibited items
  - ▶ Good hygiene
  - ▶ Equipment cleaning sink
  - ▶ Clean equipment properly protected
  - ▶ Clean paper strips or towels for reusable cape



## Inspection Standards - Continued

- ▶ Licensure (Section 5.10)
  - ▶ Establishment permit
  - ▶ Individual licensed
- ▶ Facility (Section 5.11)
  - ▶ Hot/cold water
  - ▶ Proper waste water disposal
  - ▶ Ventilation
  - ▶ Surfaces in good repair
  - ▶ Clean laundry
  - ▶ Proper garbage receptacles



## Inspection Standard - Continued

- ▶ Facility (Section 5.11) - cont.
  - ▶ Adequate lighting
  - ▶ No animals (except service animals)
  - ▶ Work area separate from private home
  - ▶ Commercial equipment
  - ▶ Proper plumbing
- ▶ Restrooms (Section 5.12)
  - ▶ Clean, separate hand sink, good repair
  - ▶ Soap, paper towels, cover waste receptacle



### DRAFT - Eastern Highlands Health District Salon Inspection Form

Name of Facility \_\_\_\_\_ Date \_\_\_\_\_  
 Owner/Operator \_\_\_\_\_ Address \_\_\_\_\_

Inspection     Re-Inspection     Complaint     Pre-Operational

Services provided  
 Hair     Nails     Esthetics (facial, skin treatments, waxing, body treatments)  
 Eyebrow extensions     Other \_\_\_\_\_

Code	Description	C	DNC	N/A
5.1	Proper PPE/Use Observed			
5.2	Covered receptacle for hair, skin, or nail debris and waste receptacle for equipment, implements & fingernails after each client			
5.3	Proper disinfection of reusable equipment, implements & fingernails after each client			
5.4	Work area surfaces cleaned with hospital-grade disinfectant after each client			
5.5	Adequacy of hand sink in all service areas			
5.6	Provision of appropriate implements (disinfectant) after use			
5.7	Facial steams are cleaned & sanitized after each client			
5.8	Technician's hair covered with extension or hooded			
5.9	Hand sanitizer provided			
5.10	Produce stored in labeled containers with expiration date			
5.11	Produce stored in use			
5.12	Clean outer garment, good hygiene practices, no smoking or eating			
5.13	Separate sink provided for instrument cleaning			
5.14	Instrument cleaning sink stored in a sanitary covered container			
5.15	Sanitary paper towels or clean towel placed around neck before reusable cap			
5.16	Cap use observed			
5.17	Establishment permits posted as required			
5.18	Personnel performing work licensed, license posted for review			
5.19	Facility			
5.20	Hot/Cold water available, adequate, safe			
5.21	Approved method of waste water and			
5.22	Adequate ventilation			
5.23	Floors/walkways are clean and in good repair			
5.24	Laundry properly cleaned, sanitized and stored			
5.25	Garbage receptacles maintained (inside and outside)			
5.26	Proper storage of supplies & chemicals			
5.27	Adequate lighting provided as			
5.28	No animals or pets in establishment (except animals owned by			
5.29	Non-rodent traps separate from private			
5.30	Commercial grade equipment			
5.31	Flaming liquid maintained and prevent back siphoning			
5.32	Restrooms			
5.33	Access to sanitary, clean & in good repair, separate hand sink			
5.34	Toilet cover dispenser & cover bowl or			

NOTE: These violations highlighted in red represent significant to public health and must be corrected immediately

Disinfection method for tools, equipment, implements & towels:

Inspection Outcome:     Satisfactory     Unsatisfactory    Re-inspection Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Sanitarian: \_\_\_\_\_    Owner/Operator: \_\_\_\_\_



## Program Implementation

- ▶ Tentative Timeline
  - ▶ May 2022 - Sanitary Code Public Hearing Notice
  - ▶ June 2022 - Sanitary Code Public Hearing
  - ▶ July 2022 - Sanitary Code goes into effect
  - ▶ July 2022 to December 2022 - Permit Application and fee submittal period
  - ▶ July 2022 to December 2022 - Initial Sanitary Inspection period
  - ▶ January 2024 - First Annual Permit renewal



## Next Steps

- ▶ Review proposed sanitary code and provide comments
  - ▶ Send comments to [ehhd@ehhd.org](mailto:ehhd@ehhd.org)
- ▶ Conduct a self guided inspection of your establishment
  - ▶ Use guidelines and inspection form provided
    - ▶ <https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/SalonInspection/Salon-Inspections>
- ▶ Make improvements, if needed
- ▶ Submit completed application and fee
- ▶ Schedule inspection



# Questions & Comments

Robert Miller, MPH, RS  
Director of Health

Lynette Swanson, RS  
Chief Sanitarian

[ehhd@ehhd.org](mailto:ehhd@ehhd.org)  
860-429-3325



# DRAFT SANITARY CODE

## EASTERN HIGHLANDS HEALTH DISTRICT

### SECTION 5

#### BARBERSHOP, HAIRDRESSING, COSMETOLOGY, NAIL SALON AND SPA

##### 5.1 Purpose:

To define requirements for the inspection, establishment standards, permit fees and penalties for any "Salon", as defined in Public Act 19-117, in any municipality or other political subdivision comprising EHHD and supplemental to the Connecticut General Statutes, §§19a-14, 19a-92a, 19a-92g, 19a-231, 20-234, 20-250; including without limitation, any "Establishment" providing Barbering, Hairdressing or Cosmetology; or the services of a Nail Technician, Esthetician or Eyelash Technician, as also defined in Public Act 19-117.

##### **5.1.1 Definitions.**

For the purpose of this Section 5 of this Sanitary Code, the following terms have the meanings set forth with respect thereto:

Barbering - includes any and all described practices permitted by State law when performed by a barber licensed in the State of Connecticut, upon the head, face, scalp or neck for cosmetic purposes only.

Barbershop - any Establishment engaged in the practice of Barbering for the public.

Cosmetology and/or Hairdressing - includes any and all described practices permitted by State law when performed by a licensed individual upon the head, face, scalp, arms, hands, body, legs and feet for cosmetic purposes only.

Disinfect - to use a chemical or physical process to destroy harmful organisms, including bacteria, viruses, germs, and fungi. Such chemical or physical process is a "Disinfectant".

Establishment - any premises or that portion of a premises, engaged in the practice of Barbering, Hairdressing, Cosmetology, Nail Technician, Esthetician or Eyelash Technician services for the public. The terms "Establishment" and "Salon" shall be used interchangeably.

Esthetician – means a person who for compensation performs “Esthetics”.

Esthetics – shall have the definition contained in § 191 of Public Act No. 19-117, including without limitation services related to skin care treatments such as cleansing, toning, stimulating, exfoliating or similar procedures on the human body while using cosmetic preparations, hands, devices, apparatus or appliances to enhance or improve the appearance of the skin; makeup application; beautifying lashes and brows; or removing unwanted

Eyelash Technician – means a person who for compensation performs individual eyelash extensions, eyelash lifts or perms and eyelash color tints.

Independent Contractor - a person who engages in an independent trade, business, or profession in which they offer their services to the public. They are generally not employees of an Establishment but instead perform services under an expressed or implied agreement with an Establishment.

Nail Technician - means a person who for compensation cuts, shapes, polishes or enhances the appearance of the nails of the hands or feet, including but not limited to the application and removal of sculptured or artificial nails; excluding, however, any practice, activity or treatment that constitutes the practice of medicine.

Operator - any person, including, but not limited to, a licensed Hairdresser/Cosmetician, Barber, , Esthetician, Eyelash Technician or Independent Contractor who is performing tasks allowed under the scope of this Sanitary Code and the Code.

Permit Holder - the person who applies for and is granted a Permit to Operate and provides the services of an Establishment in the towns covered by EHHD.

Work Station - is defined as a chair, countertop and floor space set aside for the purpose of serving a customer, including floor space for the Operator to stand while serving the customer.

## 5.2. Plan Review and Pre-Operation Inspections.

5.2.1. A plan review application and layout design plan (including any documents specified by the Director of Health) must be completed and submitted to the Health Department for review and approval prior to opening any new Salon or the remodeling or alteration of an existing Salon.

5.2.2. Prior to a Salon opening, the Director of Health, or his or her authorized agent, shall conduct a pre-operational inspection to determine compliance with the approved plans, the requirements of this Sanitary Code and the Code.

5.2.3. In addition to the above requirements of this Section 5.2, the Permit Holder shall obtain a Certificate of Occupancy (CO) from the Building Department and Zoning approval from the Planning and Zoning Department, if applicable.

### 5.3. Permits.

5.3.1. No Establishment shall operate without a valid permit issued by the Director of Health. Only an Establishment that complies with the requirements of this Sanitary Code and all other applicable legal requirements shall be eligible to receive or retain such permit.

5.3.2. Independent Contractors working in a permitted Establishment shall be independently permitted by the Director of Health. A Connecticut State license and permit for each Independent Contractor shall be posted in a prominent location at the Work Station of each such Independent Contractor where patrons can observe it.

5.3.3. Permits shall not be transferable from person to person or from location to location. Any planned transfer or other change in ownership of an Establishment shall require a new permit. Any permit holder contemplating such a transfer or other change in ownership, or a change in location, shall report each such contemplated change in advance to EHHD promptly. EHHD at least ten working days prior to the anticipated date of such change, and EHHD must approve each such change before a new permit shall be issued.

5.3.4. Applications for a permit, any change to a permit or permit renewal shall be made on the appropriate forms furnished by the Director of Health, or his or her authorized agent.

### 5.4. Permit Fees and Enforcement.

5.4.1. All permits are valid for one (1) year or a portion thereof; and are renewable on or before January 31st of each year. Renewal applications and fees must be remitted prior to January 15<sup>th</sup>, or late and penalty fees will be assessed as specified in the fee schedule determined by the EHHD Board of Directors.

5.4.2. The Director of Health, or his or her authorized agent, upon presentation of proper identification, shall be permitted to enter, during normal operating hours, any portion of any Establishment for the purpose of conducting inspections to determine compliance with this Sanitary Code and with the Code.

5.4.3. The EHHD permit shall be displayed in a prominent location in the Establishment.

5.4.4. The Establishment shall keep a copy of licenses for all employees or Independent contractors performing services requiring a Connecticut State license, posted at the Work Station or at the front desk.

5.4.5. Every applicant for a permit to operate an Establishment or as an Independent Contractor shall pay an annual permit fee as listed in the fee schedule adopted by the EHHD Board of Directors.

5.4.6. Enforcement interpretation. This Sanitary Code shall be enforced by the Director of Health, or his or her authorized agents.

5.4.7. Penalties. Any person who operates an Establishment or who acts as an Independent Contractor without a valid permit shall be subject to any of the monetary penalty and additional legal sanctions provided in Chapters 368E and 368F of the Conn. Gen. Statutes any regulations thereunder..

---

#### 5.5. Establishment Inspections.

5.5.1. The Director of Health, or his or her authorized agent, shall conduct an annual inspection of each Establishment and shall also make any additional inspections necessary for the enforcement of this Sanitary Code and the Code.

#### 5.6. Permit Suspensions.

5.6.1. Failure to comply with the provisions of this Section 5 and other applicable legal requirements shall be grounds for suspension of any permit issued under the provisions of this Section 5.

5.6.2. In the event that the Director of Health, or his or her authorized agent, finds unsanitary conditions in the operation of an Establishment, the Director of Health may issue an Order to Correct to the Permit Holder, citing such conditions, specifying the corrective action to be taken and time frame within which action shall be taken. If correction is not made in the allotted time, the permit may be suspended.

5.6.3. The Director of Health may suspend, without warning, prior notice or hearing, any permit to operate as an Establishment or as an Independent Contractor.

5.6.3.A If the operation constitutes an imminent hazard to public health; or

5.6.3.B If the subject owner, operator, person in charge has interfered with the performance of the Director of Health's, or his or her authorized agent's duties or has prohibited access to conduct an inspection

5.6.4. An “imminent hazard to public health” shall include without limitation any one or more of the following:

5.6.4.A An ongoing outbreak of an infectious, pathogenic or toxic agent capable of being transmitted to clients; or

5.6.4.B The absence of an approved sanitizer/Disinfectant or evidence that sanitizer/Disinfectant is not being used properly to thoroughly clean and sanitize equipment and Work Stations after each client; or

5.6.4.C The absence of potable water, supplied under pressure, at adequate temperature (105°-115° F) and quantity capable of meeting the needs of the facility; or

5.6.4.D A sewage backup into the facility.

---

5.6.5. Suspension shall be effective immediately upon documentation of imminent public health hazard and/or interference with the Director of Health, or his or her authorized agent, in the performance of official duties. A written order to cease and desist to the Permit Holder of the Establishment from the Director of Health shall issue within 24 hours. All operations within the Establishment shall cease immediately and shall not resume until full compliance is verified and written approval to resume has been issued by the Director of Health.

5.6.6. Any Permit Holder aggrieved by such action of the Director of Health may appeal the written order as provided in Conn. Gen. Stat. § 19a-229. Any such appeal shall not stay such written order.

#### 5.7. Permit Revocation/Nonrenewal.

5.7.1. Revocation/Nonrenewal of permit shall be effective immediately for serious or repeated violations of any of the provisions of this ordinance, or for cases where the permit to operate has been obtained through nondisclosure, misrepresentation or intentional misstatement of a material fact.

5.7.2. The Director of Health shall notify the Permit Holder in writing of the specific reason(s) for such revocation or non-renewal within 24 hours of such revocation or nonrenewal. All operations within the Establishment shall cease immediately. Any Permit Holder aggrieved by such action of the Director of Health may appeal the written order as provided in Conn. Gen. Stat. § 19a-229. Any such appeal shall not stay such written order.

5.7.3. After a period of thirty (30) days from the date of revocation or nonrenewal, a written application may be made for the issuance of a new permit. Any such application shall be

treated as a new application. All appropriate procedures, fees and inspections will be required, including a plan review, prior to the issuance of a new permit.

5.8. Sanitary Condition/Infection Control Requirements for all Establishments and Independent Contractors

5.8.1. Proper use of personal protective equipment and disposable gloves as a barrier against infectious materials provided as needed.

5.8.2. Immediate disposal, in a covered waste receptacle, of: (1) all single use items and any items that cannot be effectively cleaned and Disinfected after direct contact with a customer's skin, nails, or hair; (2) any debris after a client receives a service; (3) removal and placement of used linen, towels and sheets in a separate and appropriately labeled container.

5.8.3. All re-usable tools, equipment, implements, including fingerbowls, must be properly Disinfected after use on a client. All implements must be constructed of hard materials with smooth non-porous surfaces such as metal, glass, or plastic that can be used on more than one client. (1) After each client use, reusable implements and equipment must be cleaned with warm water and soap or detergent, rinsed thoroughly, allowed to dry, and completely immersed in an EPA hospital grade Disinfectant. EPA registered hospital grade Disinfectant must be used in accordance with the manufacturers' directions for the intended implements or surface. (2) Such implements shall be soaked for 10 minutes or per manufacturers suggested contact time, removed, rinsed, air dried and stored in a drawer, cabinet or covered container. The Disinfecting solution must be free of debris and contaminants at all times and must be changed as necessary per manufacturer directions.

NOTE: Electrical equipment that cannot be immersed in liquid shall be wiped cleaned of all visible debris and Disinfected prior to use on a client with and EPA registered Disinfectant. Also counters, chairs, mirrors and sinks need to be Disinfected after use. Once again, those items need to be visibly wet with a spray or wipe for ten minutes, then wiped with a clean cloth. The ten minute contact time is vital for proper infection control.

NOTE: All equipment/tools, shall be Disinfected or sterilized by means of: (1) an EPA registered bactericide, viricide, and fungicide Disinfectant; (2) a steam autoclave using fifteen (15) pounds of pressure for thirty (30) minutes at two hundred fifty (250) degrees Fahrenheit; or (3) a dry heat sterilizer. Use of either an autoclave or dry heat sterilizer, requires strict adherence to manufacturer's instructions or US FDA instructions.



5.8.4. Hospital-grade Disinfectant must be used to clean the area and materials used in the practice of Hairdressing, Cosmetology and by Nail Technicians, Estheticians and Eyelash Technicians, including, but not limited to, chairs, armrests, tables, countertops, trays seats and soaking tubs for both hands and feet.

5.8.5. Handwashing sinks in an area where the Hairdresser, Cosmetologist, Nail Technician, Esthetician or Eyelash Technician provide services are required. Hand washing is required before and between providing services to each client. Soap must be used to cleanse the hands and the exposed portions of arms before providing services and after smoking, drinking, eating, or using the restroom.

5.8.6. Re-use of single use implements is prohibited; these items must be immediately discarded into a covered waste receptacle after use. Such implements cannot be adequately Disinfected between clients because they are made of porous/permeable material and/or become degraded by use on a client. (some examples include, but are not limited to: buffers, pumice stone, wooden sticks used for waxing, toe separators, gloves, cotton balls/pads/swabs, sponges, paraffin, emery boards, sponge tip applicators, single-use eyelash brushes and neck strips)

5.8.7. Pedicure basins (foot spas, foot basins and spa liners) must be cleaned and Disinfected after each client using this sequence regardless of liners used or not:

5.8.7.A All water shall be drained and all debris shall be removed from spa basin.

5.8.7.B Next the pedicure tub must be cleaned with soap or detergent and water, any removable part must be taken off for further cleaning. (this includes: jet covers and screens)

5.8.7.C The spa basin must be Disinfected with an EPA registered Disinfectant labeled as bactericidal, fungicidal, and virucidal for at least 10 minutes or according to the manufacturer's instructions. Whirlpool jets with recirculation waters must be filled and turned on to adequately Disinfect.

5.8.7.D The spa basin must be wiped dry with a clean towel or allowed to sufficiently air dry.

5.8.8. A practitioner should not perform services on a client if the practitioner has reason to believe the client has a contagious condition such as head lice, nits, ringworm, conjunctivitis; or inflamed, infected, broken, raised or swollen skin or nail tissue; or an open wound or sore in the area to be serviced.

## 5.9. Customer Protection

5.9.1. A hand sink must be accessible for clients and employees, to prevent the spread of infection. At least one dedicated hand washing sink must be located in each service area, the restroom hand sink does **not** meet this criteria. The hand washing sink must be kept in a clean and sanitary condition at all times.

5.9.2. Soap and single service paper towels or a towel (one per client) must be provided at all hand sinks. If the salon chooses to use cloth towels they must be properly cleaned and Disinfected.

5.9.3. All products and chemicals shall be stored in labeled containers, and all original containers must be accompanied by dilution and use instructions. Chemicals should be safely stored and assessable to employees only. Safety Data Sheets (SDS) sheets should be available for all chemicals used in the salon.

5.9.4. Prohibited items should not be in use, nor present in permitted/licensed Establishments. (1) In order to reduce the chance of injury or infection, implements designed to remove layers of skin shall not be used. Examples include but are not limited to: razor-type callus shavers designed to cut growth of skin such as corns or calluses; credo blades, microplane/graters, cutters, and scrapers. (2) Shaving brushes, mugs, brush neck dusters, brushes and sponges are prohibited unless they are single use disposable implements or can be properly cleaned and sanitized.

5.9.5. Service providers must wear appropriate clean protective clothing and footwear at all times during the provision of clinical services. Good hygienic practices must be followed such as, no smoking or eating while providing services to a customer or in a service/treatment areas.

5.9.6. A separate utility sink shall be provided for proper cleaning of surfaces and equipment.

5.9.7. All clean and Disinfected utensils/tools and material when not in use shall be stored in a clean, dry, debris-free environment which includes but not limited to drawers, cases, tool belt, rolling trays. They must be stored separate from soiled utensils/tools. Ultraviolet (UV) electric sanitizers are permissible for use as a dry storage container, not as a form of Disinfection

5.9.8. In order to minimize skin contact, a neck barrier strip or clean towel should be used with all reusable capes.

#### 5.10. Permit/Licensure

5.10.1. The current permit from the EHHD must be prominently displayed.

5.10.2. All individuals per CT State Law, who are required to hold a license to perform a service, must have a current/active license available for review during inspection.

Note: Any employee working as an apprentice through a Department of Labor Apprenticeship program must provide documentation confirming their participation in the program upon the request of the Local Health Department or District.

#### 5.11. Establishment

5.11.1. All sinks in the Establishment must have hot and cold running water, under pressure, from an approved source at all times. Hot water shall be provided at a minimum temperature of 105°F and maximum of 115°F.

5.11.2. Waste water from all plumbing fixtures shall be discharged into municipal sewer or suitable subsurface sewage disposal systems in accordance with the provisions of the Code.

5.11.3. All sections of the Establishment, including restrooms, shall be properly and adequately ventilated to comply with State and Local building code ordinances and regulations.

5.11.4. Floors, walls and ceiling should be cleanable and kept in good repair and clean, with no accumulation of hair or other waste at Work Stations

5.11.5. Towels and other laundered items must be properly cleaned and stored. A commercial linen service shall be used if not done on the premises.

5.11.6. Containers inside the Establishment shall consist of covered containers for hair droppings, paper, and other waste material. The containers shall be emptied daily and maintained in a sanitary manner. Containers stored outside the Establishment shall consist of approved garbage receptacles that have lids which are kept closed at all times. The garbage receptacle area and property must be maintained in a clean manner.

5.11.7. Storage of extra chemicals, lotions, glues, creams, callus removers and other Cosmetology products should be safely stored and accessible to employees only. Safety Data Sheets (SDS) must be available for all chemicals used in the Salon

5.11.8. Lighting fixtures shall be sufficient and properly placed so as to provide adequate illumination.

5.11.9. No animals or pets with the exception of designated service animals as defined under federal or state law, are allowed in Establishments.

5.11.10. All areas of an Establishment must be clearly separated from a residential space with a closed door and must be equipped with the facilities and instruments required.

5.11.11. Equipment must be commercial grade and designed for such purpose.

5.11.12. Plumbing fixtures shall be maintained and shall conform to applicable building and plumbing codes; proper devices to prevent back siphonage or cross-connections are required.

---

## 5.12. Restrooms

5.12.1. All restrooms, for employees and clients should be accessible, sanitary, clean and in good repair. A separate hand sink with an adequate supply of hot or cold running water in each restroom shall be provided.

5.12.2. An adequate supply of soap, with dispenser, and disposable towels, or an approved hand-drying device shall be available. Bar soap and common cloth towels are prohibited. Waste receptacles shall be easily cleanable and available in all restrooms, emptied at least once a day. A covered waste receptacle shall be provided in ladies restrooms.

## 5.13. Technical Standards.

The Director of Health shall have the authority to adopt technical standards and associated inspection procedures to assure proper sanitary maintenance and safe operation of Establishments. Such standards and inspection shall not contravene any of the provisions of this section or any state or municipal laws, ordinances or regulations, and may be amended or revised by the Director of Health. Failure of an Establishment to achieve and maintain minimum requirements of these technical standards shall constitute a violation of this ordinance. A copy of the technical standards shall be available at the EHHD for review and copying.

## DRAFT - Eastern Highlands Health District Salon Inspection Form

Name of Facility:	Date:
Owner/Operator:	Address:

<input type="checkbox"/> Inspection	<input type="checkbox"/> Re-Inspection	<input type="checkbox"/> Complaint	<input type="checkbox"/> Pre-Operational
-------------------------------------	--	------------------------------------	--

Services provided:

- Hair     Nails     Esthetics (facials, skin treatments, waxing, body treatments)  
 Eyelash extensions     Other \_\_\_\_\_

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
<b>5.8. SANITARY CONDITION/INFECTION CONTROL</b>			
5.8.1 Proper PPE/Glove Use Observed			
5.8.2 Covered receptacle for hair, skin, or nail debris/separate receptacle for towels/linen			
5.8.3 Proper disinfection of re-usable equipment, implements & fingerbowls after each client			
5.8.4 Work areas/surfaces cleaned with hospital-grade disinfectant after each client			
5.8.5 Availability of hand sinks in all service areas			
5.8.6 No re-use of single-use implements (discarded after use)			
5.8.7 Pedicure basins are cleaned & sanitized after each client			
5.8.8 Technician/Customer with infection prohibited			
<b>5.9. CUSTOMER PROTECTION</b>			
5.9.1 Hands washed with soap & water between clients			
5.9.2 Soap & towels provided			
5.9.3 Products stored in labeled containers with directions of use			
5.9.4 Prohibited items not in use			
5.9.5 Clean outer garments, good hygienic practices, no smoking or eating			
5.9.6 Separate sink provided for instrument cleaning			
5.9.7 Disinfected utensils/tools stored in a sanitary covered containers			
5.9.8 Sanitary paper strip or clean towel placed around neck before reusable cape			

C = Comply, DNC = Does Not Comply, N/A = Not Applicable	C	DNC	N/A
<b>5.10. LICENSURE</b>			
5.10.1 Establishment permit/license displayed			
5.10.2 Individual performing work licensed, license onsite for review			
<b>5.11. FACILITY</b>			
5.11.1 Hot/Cold water available, adequate & safe			
5.11.2 Approved method of waste water and sewage disposal			
5.11.3 Adequate ventilation			
5.11.4 Floors/wall/ceilings are clean and in good repair			
5.11.5 Laundry properly cleaned, sanitized and stored			
5.11.6 Garbage receptacles maintained (inside and outside)			
5.11.7 Proper storage of supplies & chemicals			
5.11.8 Adequate lighting provided as required			
5.11.9 No animals or pets in establishment (service animals as defined under federal or state law ONLY)			
5.11.10 Work area separate from private home			
5.11.11 Commercial grade equipment			
5.11.12 Plumbing fixtures maintained; and prevent back siphonag			
<b>5.12. RESTROOMS</b>			
5.12.1 Accessible, sanitary, clean & in good repair, separate hand sink available			
5.12.2 Liquid soap dispenser & paper towels or air dryer and a clean covered waste container provided			

NOTE: Those violations highlighted in red represent a significant risk to public health and must be corrected immediately.

Disinfection method for tools, equipment, implements & towels:

---

---

---

Inspection Outcome:     Satisfactory             Unsatisfactory            Re-Inspection Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Sanitarian: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_



## Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: [www.EHHD.org](http://www.EHHD.org)

---

2

### MEMORANDUM

**To:** Board of Directors

**From:** Robert Miller, Director of Health

**CC:** Holly Schaefer, Human Resources Director

**Date:** 6/9/2022

**Re:** Proposed Position Classification Change

### Background

You may recall that this office recently distributed a job announcement for the EHHD Environmental Health Position. This posting was necessary as a result of a recent resignation by the incumbent after being employed by the health district for eight months. This unfortunately is indicative of our ongoing challenges to retain and recruit staff in the current labor market conditions. Under typical labor market conditions this office would move forward, post a job announcement to fill this vacancy, and fill the vacancy. As many of you are aware, we are not experiencing a typical labor market. It is apparent at this time in Connecticut that any sanitarian job opportunity must be adapted to these current labor market conditions to broadly attract candidates. Therefore, I am proposing to re-post this current vacancy in a manner that will potentially expand the candidate pool by posting multiple classification opportunities for this single vacancy. This will provide management with the flexibility to recruit candidates from broader experience pool thereby improving the odds of filling this essential staff position.

### Financial Impact

It is anticipated that this approach will be budget neutral. Any final FY22/23 wage rate increase associated with the potential reclassification of this position will be offset with an anticipated surplus in the adopted health insurance premium line item. (We received notification from the Town of Mansfield that based on the established FY22/23 premiums this line item can be reduced by \$34,350.) This office will be working with the Finance Committee on proposed amendments to the FY 22/23 operating budget to reflect the anticipated reduction in the budgeted health insurance premiums. Further, pursuant to the personnel rules any wage offer greater than the minimum rate within a pay range is subject to approval by the Personnel Committee.



## Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: [www.EHHD.org](http://www.EHHD.org)

---

### **Recommendation**

Current labor market conditions in eastern Connecticut for sanitarians is very challenging. There is a deficit of sanitarian candidates making the labor market very competitive. In an effort to expand the potential pool of candidates, this office recommends authorizing the Director to reclassify this position as needed, and appropriate to fill the current vacancy. If the board concurs, the following motion is recommended: *Move, to authorize the Director of Health to reclassify this position as needed, and appropriate in an effort to fill the current full-time environmental health field staff vacancy.*

Attachments: Job descriptions for Environmental Health Inspector, Sanitarian I, and Sanitarian II, and EHHD pay ranges



## EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

**Class Title:** Environmental Health Inspector  
**Group:** Eastern Highlands Health District  
**Pay Grade:** Health District  
**FLSA:** Non-exempt  
**Effective Date:** July 1, 2007

---

### **General Description/Definition of Work**

This is a responsible professional sanitary inspection position involving enforcement of the public health code. Primary responsibilities include: maintaining environmentally safe Health District conditions through the enforcement of the Public Health Code and Statutes and local ordinances pertaining to environmental health; inspections; investigations; surveying; and report preparation. The work requires that the employee understands the laws, rules and regulations governing the enforcement of environmental health codes for which they are responsible. The position works under the direction and supervision of the Chief Sanitarian.

### **Essential Job Functions**

- Inspects restaurants and other food service establishments, enforces ordinances, rules and regulations governing sanitary conditions of such establishments, and enforces Health District and State laws in environmental health.
- Performs water samplings of pools, wells, rivers, lakes, etc. for environmental surveys as required.
- Investigates environmental complaints, such as garbage and rubbish disposal, rodent and insect infestations, noise, air and water quality, disease vectors, mosquito control, obnoxious weeds, housing concerns and unsanitary environmental conditions.
- Prepares inspection/investigation reports, confers with supervisor regarding deficiencies and the measures necessary to correct them, performs follow-up inspections to ensure conditions have been remedied.
- Responds by telephone, in person or in writing to persons seeking information regarding health rules and regulations, specific complaints, license requirements and other environmental health issues.
- Provides friendly, courteous and responsive service to the residents and constituents of the Health District.
- Prepares reports for Supervisor as requested.
- Performs related work as required.
- Participates in public health programming as required.

## **EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION**

### **Knowledge, Skills and Abilities**

- Ability to read and understand complex written material and to interpret statistical data, laboratory test results, maps and constructions plans.
- Ability to be a team player and to establish and maintain effective working relationships with Health District staff and the public.
- Computer skills and ability to use the computer software utilized by the division.
- Knowledge of public health sampling and testing techniques, and laboratory procedures.
- Ability to prepare and present oral and written statistical, narrative and technical reports.
- Ability to investigate, analyze and evaluate environmental health problems and propose solutions.

### **Additional Duties**

- May be required to attend night meetings of commissions and boards.
- May be required to work evenings and weekends.
- Participates in professional education/training.

### **Physical Demands and Work Environment**

Required for essential duties; reasonable accommodations will be considered under the Americans with Disabilities Act. This list is not all-inclusive and may be supplemented as necessary.

- Must be mobile with the ability to get from one location in the office or work site(s) to other locations in and outside from the primary office or work site(s).
- Ability to reach and bend and push/pull or lift objects less than fifty pounds.
- Mobility to inspect sites, which may include walking over rough terrain and climbing and crawling in the examination of crawl spaces, confined areas, basements, attics and other restricted quarters.
- Ability to perform manipulative skills such as writing, using a keyboard and/or calculator with accuracy.
- Ability to see and read objects closely as in reading/proof reading narrative or financial reports. Ability to read plans, maps or diagrams and read from a computer monitor. Ability to see objects far away as in driving. Ability to discriminate between colors.
- Ability to hear normal sounds with background noise as in hearing/using a telephone. Ability to distinguish verbal communication and communicate through speech.
- Ability to maintain files and records. Makes mathematical calculations using a calculator.

**EASTERN HIGHLANDS HEALTH DISTRICT  
POSITION DESCRIPTION**

- Ability to concentrate on complicated detail and complex issues for more than three hours at a time with some interruption, pressure and changing priorities.
- Memory to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned.
- Ability to use knowledge and reasoning to solve complex problems.
- Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities.
- Work is performed in various settings including normal business office, food service establishments, and in residential or commercial properties. Typical office setting subject to interruptions, heavy traffic flow and heavy work volume expectations. Performs outside inspections, which include exposure to fluctuations in temperature and seasonal weather. Work includes exposure to hazards that may require special safety precautions. Will require occasional work outside normal business hours. Required to travel to inspection sites. May interact with agitated individuals.

**Education and Experience**

Graduation from a four-year college or university. Prefer college course work of study with major course work in environmental health, bacteriology or a closely related field. Prefer two years of experience in environmental health, laboratory work or related field.

**Special Requirements**

Must have a Connecticut Driver's license.

Food establishment Inspector Certification from the Connecticut Department of Public Health, or ability to obtain such certification within one year.

*The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the Health District and the employee and is subject to change by the Health District as the needs of the Health District and requirements of the job change.*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Robert L. Miller, Director of Health

## EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

**Class Title:** Sanitarian I  
**Group:** Eastern Highlands Health District  
**Pay Grade:** Health District  
**FLSA:** Non-exempt  
**Effective Date:** July 1, 2007

---

### **General Description/Definition of Work**

This is responsible professional sanitary inspection work at the full performance level involving enforcement of the public health code.

Work involves responsibility for maintaining environmentally safe Town conditions through the enforcement of the Public Health Code and Statutes and local ordinances pertaining to environmental health. Duties include inspections, investigations, surveying and report preparation. This position also has the responsibility for making difficult health and safety decisions. The work requires that the employee understands the laws, rules *and* regulations governing the enforcement of environmental health codes for which they are responsible. The position works under the direction and supervision of the Director of Health. May receive supervision by the Sanitarian II.

### **Essential Job Functions**

- Reviews plans and inspects sites for septic system installation including consultation with owners and contractors, and soil testing. Issues septic permits
- Reviews plans and makes necessary inspection for approval of new restaurants, food stores, day care centers and other businesses, as provided by statute.
- Investigates environmental complaints, such as garbage and rubbish disposal, rodent and insect infestations, noise, air and water quality, disease vectors, mosquito control, obnoxious weeds, housing concerns and unsanitary environmental conditions.
- Educates food handlers, promotes training programs, gives advice to food service personnel on proper food sanitation techniques, and investigates food-borne illnesses.
- Responds by telephone, in person or in writing to persons seeking information regarding health rules and regulations, specific complaints, license requirements and other environmental health issues.
- Prepares reports of inspections and investigations.
- Prepares reports for Supervisor as requested.
- Performs related work as required
- Participates in public health programming as required

# **EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION**

## **Knowledge, Skills and Abilities**

**(Required for essential duties; reasonable accommodations will be considered under the Americans with Disabilities Act; This list is not all inclusive and may be supplemented as necessary).**

- Ability to read and understand complex written material and to interpret statistical data, laboratory test results, maps and constructions plans.
- Ability to be a team player and to establish and maintain effective working relationships with Health District staff and the public.
- Computer skills and ability to use the computer software utilized by the division.
- Knowledge of public health sampling and testing techniques, and laboratory procedures.
- Ability to prepare and present oral and written statistical, narrative and technical reports.
- Ability to investigate, analyze and evaluate environmental health problems and propose solutions.

## **Additional Duties**

- May be required to attend night meetings of commissions and boards.
- May be required to work evenings and weekends.
- Participates in professional education/training.

## **Physical Demands and Work Environment**

Required for essential duties; reasonable accommodations will be considered under the Americans with Disabilities Act. This list is not all-inclusive and may be supplemented as necessary.

- Must be mobile with the ability to get from one location in the office or work site(s) to other locations in and outside from the primary office or work site(s).
- Ability to reach and bend and push/pull or lift objects less than fifty pounds.
- Mobility to inspect sites, which may include walking over rough terrain and climbing and crawling in the examination of crawl spaces, confined areas, basements, attics and other restricted quarters.
- Ability to perform manipulative skills such as writing, using a keyboard and/or calculator with accuracy.

## **EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION**

- Ability to see and read objects closely as in reading/proof reading narrative or financial reports. Ability to read plans, maps or diagrams and read from a computer monitor. Ability to see objects far away as in driving. Ability to discriminate between colors.
- Ability to hear normal sounds with background noise as in hearing/using a telephone. Ability to distinguish verbal communication and communicate through speech.
- Ability to communicate effectively in oral and written form.
- Ability to maintain files and records. Makes mathematical calculations using a calculator.
- Ability to concentrate on complicated detail and complex issues for more than three hours at a time with some interruption, pressure and changing priorities.
- Memory to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned.
- Ability to use knowledge and reasoning to solve complex problems.
- Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities.
- Work is performed in various settings including normal business office, food service establishments, and in residential or commercial properties. Typical office setting subject to interruptions, heavy traffic flow and heavy work volume expectations. Performs outside inspections, which include exposure to fluctuations in temperature and seasonal weather. Work includes exposure to hazards that may require special safety precautions. Will require occasional work outside normal business hours. Required to travel to inspection sites. May interact with agitated individuals.
- *Works in typical office setting subject to interruptions, heavy traffic flow and heavy work volume expectations and performs outside inspections which includes exposure to fluctuations in temperature and seasonal weather. May be exposed to dust and electromagnetic radiation from computer monitors. May be exposed to body fluids, hazardous wastes material, toxins and/or poisonous substances.*

### **Education and Experience**

Graduation from a four-year college or university. Prefer college course work of study with major course work in environmental health, bacteriology or a closely related field. Prefer three years of experience in environmental health, laboratory work or related field.

### **Special Requirements**

Must have a valid Connecticut *Class 3* Driver's license. Must be certified as a Connecticut Registered Sanitarian.

Phase I and II subsurface sewage disposal certification from The State of Connecticut.

Food establishment Inspector Certification from the Connecticut Department of Public Health..

**EASTERN HIGHLANDS HEALTH DISTRICT  
POSITION DESCRIPTION**

*The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the Health District and the employee and is subject to change by the Health District as the needs of the Health District and requirements of the job change.*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Robert L. Miller, Director of Health

## EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION

**Class Title:** Sanitarian II  
**Group:** Eastern Highlands Health District  
**Pay Grade:** Health District  
**FLSA:** Non-exempt  
**Effective Date:** July 1, 2007

---

### **General Description/Definition of Work**

This is responsible professional sanitary inspection work at the full performance level involving enforcement of the public health code.

Work involves responsibility for maintaining environmentally safe Town conditions through the enforcement of the Public Health Code and Statutes and local ordinances pertaining to environmental health. Duties include inspections, investigations, surveying and report preparation. This position also has the responsibility for making difficult health and safety decisions. The work requires that the employee understands the laws, rules *and* regulations governing the enforcement of environmental health codes for which they are responsible. The position works under the direction and supervision of the Director of Health.

### **Essential Job Functions**

- Reviews plans and inspects sites for septic system installation including consultation with owners and contractors, and soil testing. Issues septic permits
- Reviews plans and makes necessary inspection for approval of new restaurants, food stores, day care centers and other businesses, as provided by statute.
- Regulates new water supply wells including site inspections of property, issuing permits to well drillers and reviewing water sample analysis reports. Issues well permits.
- Investigates environmental complaints, such as garbage and rubbish disposal, rodent and insect infestations, noise, air and water quality, disease vectors, mosquito control, obnoxious weeds, housing concerns and unsanitary environmental conditions.
- Educates food handlers, promotes training programs, gives advice to food service personnel on proper food sanitation techniques, and investigates food-borne illnesses.
- Responds by telephone, in person or in writing to persons seeking information regarding health rules and regulations, specific complaints, license requirements and other environmental health problems.
- Prepares reports of inspections and investigations.
- Prepares reports for Supervisor as requested.
- Performs related work as required



## **EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION**

- Participates in public health programing as required

### **Knowledge, Skills and Abilities**

**(Required for essential duties; reasonable accommodations will be considered under the Americans with Disabilities Act; This list is not all inclusive and may be supplemented as necessary).**

- Ability to read and understand complex written material and to interpret statistical data, laboratory test results, maps and constructions plans.
- Ability to be a team player and to establish and maintain effective working relationships with Health District staff and the public.
- Computer skills and ability to use the computer software utilized by the division.
- Knowledge of public health sampling and testing techniques, and laboratory procedures.
- Ability to prepare and present oral and written statistical, narrative and technical reports.
- Ability to investigate, analyze and evaluate environmental health problems and propose solutions.

### **Additional Duties**

- May be required to attend night meetings of commissions and boards.
- May be required to work evenings and weekends.
- Participates in professional education/training.
- May provide supervision and guidance to Sanitarian I as well as other staff.

### **Physical Demands and Work Environment**

Required for essential duties; reasonable accommodations will be considered under the Americans with Disabilities Act. This list is not all-inclusive and may be supplemented as necessary.

- Must be mobile with the ability to get from one location in the office or work site(s) to other locations in and outside from the primary office or work site(s). Ability to sit and/or stand for prolonged periods of time.)
- Ability to reach and bend and push/pull or lift objects less than twenty pounds.
- Mobility to inspect sites, which may include walking over rough terrain and climbing and crawling in the examination of crawl spaces, confined areas, basements, attics and other restricted quarters.

## **EASTERN HIGHLANDS HEALTH DISTRICT POSITION DESCRIPTION**

- Ability to perform manipulative skills such as writing, using a keyboard and/or calculator with accuracy.
- Ability to see and read objects closely as in reading/proof reading narrative or financial reports. Ability to read plans, maps or diagrams and read from a computer monitor. Ability to see objects far away as in driving. Ability to discriminate between colors.
- Ability to hear normal sounds with background noise as in hearing/using a telephone. Ability to distinguish verbal communication and communicate through speech.
- Ability to communicate effectively in oral and written form.
- Ability to maintain files and records. Makes mathematical calculations using a calculator.
- Ability to concentrate on complicated detail and complex issues for more than three hours at a time with some interruption, pressure and changing priorities.
- Memory to perform multiple and diverse tasks over long periods of time and ability to remember information that has been read, studied or previously learned.
- Ability to use knowledge and reasoning to solve complex problems.
- Ability to learn and apply new information, methodologies, techniques and legislation applicable to departmental activities.
- Work is performed in various settings including normal business office, food service establishments, and in residential or commercial properties. Typical office setting subject to interruptions, heavy traffic flow and heavy work volume expectations. Performs outside inspections, which include exposure to fluctuations in temperature and seasonal weather. Work includes exposure to hazards that may require special safety precautions. Will require occasional work outside normal business hours. Required to travel to inspection sites. May interact with agitated individuals.

### **Education and Experience**

Graduation from a four-year college or university, or university course work of study with major course work in environmental health, bacteriology or a closely related field. Plus five years of experience in environmental health, laboratory work or related field.

### **Special Requirements**

Must have a valid Connecticut *Class 3* Driver's license. Must be a Connecticut Registered Sanitarian.

Phase I and II subsurface sewage disposal certification from The State of Connecticut. Certification as a Food Establishment Inspector from the Connecticut Department of Public Health..

Completed and passed "Qualified Lead Inspector" Training Program preferred.

**EASTERN HIGHLANDS HEALTH DISTRICT  
POSITION DESCRIPTION**

*The above description is illustrative of tasks and responsibilities. It is not meant to be all-inclusive of every task or responsibility. The description does not constitute an employment agreement between the Health District and the employee and is subject to change by the Health District as the needs of the Health District and requirements of the job change.*

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Robert L. Miller, Director of Health

# FY 2021/2022 Salary Survey and FY2022/2023 Approved Broadband Pay Ranges

## SUMMARY DATA OF ALL RESPONSES

	Position	Sample		Hrs/ Wk	Salary Range - Reported Work Wk		Salary Range - Adjusted to 37hrs/wk		EHHD FY 21/22		EHHD Above/Below Avg. & Median		EHHD Approved FY22/23 Broad Band (35% Range Spread)	
		Size	Population		Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum
AVERAGE	Director	25	78,029	37.5	\$97,397	\$121,072	\$96,951	\$119,545	\$81,836	\$113,199	-\$15,115	-\$6,346	\$96,951	\$130,884
MEDIAN	Director	25	70,615	37.5	\$99,365	\$117,000	\$98,050	\$117,562	\$81,836	\$113,199	-\$16,214	-\$4,363	\$98,050	\$132,368
AVERAGE	Office Manager	13	80,033	36.4	\$57,378	\$70,568	\$59,008	\$72,032	\$50,890	\$68,830	-\$8,118	-\$3,202	\$59,008	\$79,661
MEDIAN	Office Manager	13	72,767	36.3	\$57,378	\$68,830	\$63,429	\$68,830	\$50,890	\$68,830	-\$12,539	\$0	\$63,429	\$85,629
AVERAGE	Chief Sanitarian	17	85,230	36.5	\$75,338	\$87,674	\$74,793	\$88,903	\$66,136	\$89,284	-\$8,657	\$381	\$74,793	\$100,970
MEDIAN	Chief Sanitarian	17	80,481	36.3	\$75,000	\$88,200	\$73,084	\$89,284	\$66,136	\$89,284	-\$6,948	\$0	\$73,084	\$98,664
AVERAGE	Senior Sanitarian (Sanitarian II)	6	82,851	37.1	\$70,522	\$86,803	\$66,679	\$86,705	NA	NA	NA	NA	\$66,679	\$90,016
MEDIAN	Senior Sanitarian (Sanitarian II)	6	84,357	36.3	\$70,336	\$86,386	\$67,146	\$86,551	NA	NA	NA	NA	\$67,146	\$90,647
AVERAGE	Registered Sanitarian (Sanitarian I)	24	79,907	37.3	\$59,963	\$75,374	\$59,114	\$74,867	\$56,026	\$75,635	-\$3,088	\$768	\$59,114	\$79,804
MEDIAN	Registered Sanitarian (Sanitarian I)	24	71,691	37.5	\$58,233	\$74,819	\$57,350	\$75,172	\$56,026	\$75,635	-\$1,324	\$463	\$57,350	\$77,423
AVERAGE	Env Health Inspector	17	85,918	36.9	\$46,478	\$58,187	\$46,478	\$58,187	\$42,439	\$57,293	-\$4,039	-\$894	\$46,478	\$62,745
MEDIAN	Env Health Inspector	17	83,819	37.0	\$44,285	\$58,240	\$44,285	\$58,240	\$42,439	\$57,293	-\$1,846	-\$947	\$44,285	\$59,784
AVERAGE	Community Health & Wellness Coordinator	10	98,086	36.9	\$65,428	\$77,028	\$68,038	\$77,479	\$59,236	\$70,264	-\$8,802	-\$7,215	\$68,038	\$91,851
MEDIAN	Community Health & Wellness Coordinator	10	98,166	36.0	\$68,524	\$75,000	\$70,878	\$77,565	\$59,236	\$70,264	-\$11,642	-\$7,301	\$70,878	\$95,686

**NOTES:**

\* "Current salary" data was input to the "maximum" salary field when no range data was available.

\* "Sanitarian I & Sanitarian II" job descriptions to be adjusted to reflect higher pay range.



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

---

3

## Memo

**To:** Board of Directors

**From:** Robert Miller, Director of Health

**Date:** June 9, 2022

**Re:** CGS Section 19a-36i, Itinerant Mobile Food Vendor, Reciprocal Licensing - MOA

---

### Background

Connecticut General Statute 19a-36i requires the development of a process that allows for the reciprocal licensing of itinerant mobile food vending establishments that have been issued a valid permit by a local health department or district (LHD). The law requires the Department of Public Health, working with local health departments to implement such a process. In response to this directive, this pilot project utilizing a Memorandum of Agreement (MOA) is being implemented. The agreement allows itinerant food vending establishments that are permitted by a local health department, to operate in other participating towns or districts without needing an additional local food permit. A draft of this MOA, along with a FAQ document is attached for your review.

Highlighted MOA terms and conditions include:

- Reciprocity does not apply to multi-day events such as harvest fairs.
- Participating LHD cannot charge any fees for visiting mobile food vendors.
- Participating LHD must manage and update the DPH web-based system administering this state-wide initiative.
- LHD retains enforcement authority over visiting mobile food vendors (We may conduct inspections.)
- This MOA only applies to self-contained food trucks or trailers that meet the definition of Itinerant Food Vendor, not vendors with tents and other temporary setups.
- There is no deadline upon which a LHD must execute this MOA.
- The execution of the MOA by a LHD is permissive.

Based on our current understanding of this pilot program the MOA, if executed by the EHHD, would apply to nine (9) local mobile food vendors currently license annually. It could also potentially apply to approximately 12 temporary food events, with approximately 36 visiting mobile food vendors from other jurisdictions, if their respective LHD's choose to execute the MOA.

### **Fiscal Impact**

There is still some uncertainty on the interpretation, and therefore the application of this MOA. Pending the final interpretation, execution of this MOA by the EHHD would result in an annual revenue loss of \$1,500 to \$2,800.

In addition to the revenue loss, it would require an estimated 50 man hours for program start-up, and, an additional 30 man hours per year to sustain the program.

### **Recommendation**

As stated previously there is uncertainty with the interpretation and application of this MOA, particularly as it pertains to the applicable type of food truck event. For example, do farmers markets fall under this language, or not? Neither the MOA, nor DPH is yet clear on this point.

While the total number of man hours seems minimal, implementation during the DPH's stated time frame would add to an already busy summer and fall for staff working to start up the new Cosmetology Permitting and Inspection Program.

Given that the execution of this MOA is permissive, *this office recommends deferring consideration on this matter to no later than the February 2023 regular board meeting.* This would permit the necessary time for staff to focus on implementing the Cosmetology Program, allow for the finer details on the interpretation of the MOA language to play out; and, with that additional time provide updated information for budget planning purposes for the next fiscal year.

## Frequently Asked Questions for Local Health Officials

### **What is reciprocal licensing/permitting of itinerant food vendors?**

This is a process where an itinerant food vendor can receive a license and be inspected by one local health jurisdiction and then be allowed to operate in another local health jurisdiction as long as the two local health departments have signed the reciprocal licensing/permitting agreement.

### **How do I know which Departments of Health are participating in the reciprocal licensing/permitting?**

The list of departments of health that are participating can be found on the CT DPH website (URL to be provided once website is set up)

### **If I have a license/permit for my itinerant food establishment, can I travel throughout the state and sell food?**

You can only sell food as an itinerant food vendor if you are licensed/permited by a health department that is part of the agreement and you can only sell food in jurisdictions that have signed the reciprocal agreement. You can only sell food that you were approved to sell by the permitting local health department.

### **What is not covered by the reciprocal licensing/permitting agreement?**

There are many local ordinances that are not covered by the agreement, such as fire, parking, zoning, building, and other required local permits. Itinerant food vendors shall receive proper local approvals prior to operating their business in towns where these other types of permits are required for itinerant food vending establishments. Advance notification may be required for local approvals. Always contact the local municipality to determine what permits you need before planning to serve food there.

### **Does this reciprocal licensing/permitting agreement cover county fairs, carnivals, music festivals and other multi-day events?**

No, these are considered temporary events and are not covered by the reciprocal licensing/permitting agreement. Vendors must register with the event coordinator and get the necessary approvals for selling food at these event.

**Does the reciprocal licensing/permitting cover catering at a wedding, bar or bat mitzvah, anniversary celebration or other private, non-public event?** *An itinerant vendor is one operating from the vehicle without fixed location and without connection to water and sewage. A caterer operates from an establishment at a fixed location in compliance with Section 19-13-B49 of the Regulations of CT State Agencies. To be refined*

**I have a food truck and I cater events. Am I covered under the reciprocity agreement?**

**The reciprocal licensing/permitting agreement says that it only covers selling food at one location for less than 24 hours in a single period. How does this apply to multi-day events?**

The reciprocal licensing/permitting agreement only applies to those who are at a fixed location for less than 24 hours. Multiple day events are not covered and itinerant food vendors must work with the event organizer to register for the event.

**Can I be inspected by health departments other than the one that licensed/permited me?**

Yes, local health has the authority to conduct inspections at any time when a vendor is selling food in their jurisdiction. The jurisdiction where you are licensed/permited can collect inspection fees. Other health departments can conduct inspections but cannot collect an inspection or other fees.

**What authority do the health departments have?**

Local health has broad authority to ensure that proper food safety practices are being carried out. No matter if you are selling food in the jurisdiction of the local health where you are licensed/permited or in the jurisdiction of another health district, local health food inspectors/directors can issue orders to hold inspector or destroy food, if in the opinion of the inspector, such action is warranted and necessary to protect public health. Local health can also issue an order to cease operations if the health department determines that the itinerant food vending establishment is creating a nuisance that is injurious to public health

**Does the health department where I plan to offer/sell food need to be contacted prior to selling food?**

Yes, an itinerant food vendor needs to reach out to the health departments where the business does not have a license/permit to make the health department aware of the plan to sell food there. Itinerant food vendors must also reach out to the town or city to make sure that all permits are in place and learn if advance notice of intent to operate is required.

**Do LHDs have to use the model IFV permit application form?**

No, but local health is strongly encouraged to use the form as it allows for consistent data collection and ensures that the data needed for the DPH database is collected at time of permitting.

**Can LHDs charge IFVs for completing the model IFV permit application if their permit has not expired?**

No, fees should only be assessed if the permit to be issued is for a new IFV or a renewal of one expiring.



## Frequently Asked Questions for Itinerant Food Vendors

### **What is reciprocal licensing/permitting of itinerant food vendors?**

This is a process where an itinerant food vendor can receive a license and be inspected by one local health jurisdiction and then be allowed to operate in another local health jurisdiction as long as the two local health departments have signed the reciprocal licensing/permitting agreement.

### **How do I know which Departments of Health are participating in the reciprocal licensing/permitting?**

The list of departments of health that are participating can be found on the CT DPH website (URL to be provided once website is set up)

### **How does this affect my business?**

This will allow you to operate as an itinerant food vendor in locations outside of the jurisdiction of the health department that issued you the license/permit and conducted inspections as long as the health department that licensed/permited you is part of the reciprocal agreement. You will be able to sell food in the jurisdictions of other health departments that have signed the reciprocal agreement.

### **If I have a license/permit for my itinerant food establishment, can I travel throughout the state and sell food?**

You can only sell food as an itinerant food vendor if you are licensed/permited by a health department that is part of the agreement and you can only sell food in jurisdictions that have signed the reciprocal agreement. You can only sell food that you were approved to sell by the permitting local health department.

### **What is not covered by the reciprocal licensing/permitting agreement?**

There are many local ordinances that are not covered by the agreement, such as fire, parking, zoning, building, and other required local permits. Itinerant food vendors shall receive proper local approvals prior to operating their business in towns where these other types of permits are required for itinerant food vending establishments. Advance notification may be required for local approvals. Always contact the local municipality to determine what permits you need before planning to serve food there.

### **Does this reciprocal licensing/permitting agreement cover county fairs, carnivals, music festivals and other multi-day events?**

No, these are considered temporary events and are not covered by the reciprocal licensing/permitting agreement. Vendors must register with the event coordinator and get the necessary approvals for selling food at these event.

### **Does the reciprocal licensing/permitting cover catering at a wedding, bar or bat mitzvah, anniversary celebration or other private, non-public event? *An itinerant vendor is one operating from the vehicle***

*without fixed location and without connection to water and sewage. A caterer operates from an establishment at a fixed location in compliance with Section 19-13-B49 of the Regulations of CT State Agencies. To be refined*

**I have a food truck and I cater events. Am I covered under the reciprocity agreement?**

**I have a food cart that is towed behind my vehicle, does the reciprocity agreement include me?**

Yes, this reciprocal licensing/permitting agreement covers an individual or business that prepares, offers, or sells food directly to consumers and conducts operations in a self-contained vehicular or wheel mounted food facility that can be moved from place to place but has all food preparation equipment within the vehicle, and does not remain in a fixed location for the purpose of selling food for more than twenty-four hours.

**The reciprocal licensing/permitting agreement says that it only covers selling food at one location for less than 24 hours in a single period. How does this apply to multi-day events?**

The reciprocal licensing/permitting agreement only applies to those who are at a fixed location for less than 24 hours. Multiple day events are not covered and itinerant food vendors must work with the event organizer to register for the event.

**Can I be inspected by health departments other than the one that licensed/permited me?**

Yes, local health has the authority to conduct inspections at any time when a vendor is selling food in their jurisdiction. The jurisdiction where you are licensed/permited can collect inspection fees. Other health departments can conduct inspections but cannot collect an inspection or other fees.

**What authority do the health departments have if I am not licensed/permited by them?**

Local health has broad authority to ensure that proper food safety practices are being carried out. No matter if you are selling food in the jurisdiction of the local health where you are licensed/permited or in the jurisdiction of another health district, local health food inspectors/directors can issue orders to hold inspector or destroy food, if in the opinion of the inspector, such action is warranted and necessary to protect public health. Local health can also issue an order to cease operations if the health department determines that the itinerant food vending establishment is creating a nuisance that is injurious to public health

**Does the health department where I plan to offer/sell food need to be contacted prior to selling food?**

Yes, an itinerant food vendor needs to reach out to the health departments where the business does not have a license/permit to make the health department aware of the plan to sell food there. Itinerant food vendors must also reach out to the town or city to make sure that all permits are in place and learn if advance notice of intent to operate is required.

xx/xx/2022

**STATE OF CONNECTICUT**  
**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN**  
**CONNECTICUT'S LOCAL HEALTH DEPARTMENTS AND DISTRICTS**

This Memorandum of Understanding ["MOU" or "Agreement"] is entered into between the undersigned Local Health Departments and Districts and the chief elected official or Board of such Departments and Districts (each a "party" and collectively the "parties"), in accordance with the following terms:

**1. PURPOSE**

Conn. Gen. Stat. section 19a-36i requires the development of a process that allows for the reciprocal licensing of itinerant food vending establishments that have been issued a valid permit, as defined in this Agreement, from the Local Health Department or District having jurisdiction of the town where the itinerant food vending establishment is located, and the operator of such itinerant food vending establishment seeks to conduct business in a town located in the jurisdiction of another Local Health Department or District. The law requires the Department of Public Health and each Local Director of Health to implement such process. In response to this directive, this pilot project is being conducted to start the implementation process.

The undersigned representatives of Local Health Departments and Districts and/or Board Chairs and Chief Elected Officials enter into this mutual Agreement to allow itinerant food vending establishments that are permitted by another party, to operate in its town or district without needing an additional permit.

**2. SCOPE OF AGREEMENT**

This MOU will cover reciprocity of itinerant food vending establishment permits, food inspections, and the fees associated with such food permits and food inspections. This reciprocal Agreement is only applicable to the permitting process that is required to carry out regular business activities of an itinerant food vending establishment who utilizes a mobile facility to sell food. This Agreement does not modify any permitting or other approval requirements for temporary food service establishments, as defined by section 19-13-B42 of the Regulations of Connecticut State Agencies. This MOU does not cover fire, zoning, building, or any other local permits that may be required. Itinerant food vendors shall receive proper local approvals prior to operating their business in towns where these other types of permits are required for itinerant food vending establishments.

**3. TERM OF AGREEMENT**

This Agreement will begin when fully executed and shall terminate on December 31, 2032.

Additional parties may join this Agreement at any time throughout the duration of the Agreement.

#### **4. TERMINATION**

Any party may terminate its participation in this mutual Agreement by providing all other parties with one hundred twenty (120) days written notice of such intention.

#### **5. STATUTORY AUTHORITY**

The statutory authority for the Parties to enter into this MOU is Connecticut General Statutes section 19a-223.

#### **6. KEY DEFINITIONS**

For the purposes of this MOU, the following definitions are used:

- a. "Itinerant food vending establishment" is defined as a business that 1) prepares, offers or sells food directly to consumers; 2) conducts operations in a self-contained vehicular or wheel mounted facility that can be moved from place to place; 3) has all food preparation equipment within the vehicle or other wheel mounted facility; 4) does not operate at a fixed location; and 5) does not remain in one location for the purpose of selling food for more than twenty-four hours.
- b. "Permitting LHD" is defined as the Local Health Department or District that has jurisdiction of the town in which the itinerant food vending establishment's business is officially located, as identified on the business recording filed with Connecticut's Office of the Secretary of State or the Connecticut town where the itinerant food vendor's food vending vehicle is registered.
- c. "Operating LHD" is defined as the Local Health Department or District that has jurisdiction of the town in which an itinerant food vending establishment operates or sells food, but which is not the Permitting LHD;
- d. "Permit" is defined as a permit or a license that has been issued in accordance with Conn. Gen. Stat. section 19a-36i, and is not expired, suspended, or revoked;

#### **7. AUTHORITY AND DUTIES OF PERMITTING AND OPERATING LHDS**

Under this mutual agreement, all parties may fulfill the role of a "Permitting LHD" and an "Operating LHD" as defined herein, and as applicable.

##### **a. AUTHORITY AND DUTIES OF PERMITTING LHD**

The "Permitting LHD" shall:

- i. Follow the process for permitting, including a plan review, and an initial inspection of the food facility to ensure that all permitting requirements are met;
- ii. Issue the annual permit and enter information into the itinerant food vending establishment registry maintained by the Department of Public Health as applicable;
- iii. Collect fees for the inspection and permit;
- iv. Renew an itinerant food vending establishment permit at time of renewal and enter applicable information into the registry;

- v. Ensure that routine inspections take place in accordance with the frequency prescribed by Conn. Gen. Stat. section 19a-36j. The routine inspection may be conducted by either the Permitting LHD or the Operating LHD. The jurisdiction conducting the inspection will be responsible for entering the applicable information into the registry;
- vi. Ensure that a re-inspection occurs when needed to follow up on a corrective action. The re-inspection may be conducted by either the Permitting LHD or the Operating LHD. The jurisdiction conducting the re-inspection shall be responsible for entering the applicable information into the registry;
- vii. Take any regulatory action deemed necessary by the Director of the Permitting LHD, against any itinerant food vending establishment who violates any law, regulation or ordinance while operating an itinerant food vending establishment within the Director's jurisdiction. Such regulatory action, includes but is not limited to, embargoing food, ordering destruction of food, or suspending or revoking a permit, if in the opinion of the Local Director of Health, such action is warranted and necessary to protect public health;
- viii. Work with the Operating LHD to revoke or suspend a license or permit when an itinerant food vending establishment violates any law, regulation, or ordinance which is subject to suspension or revocation of a license or permit;
- ix. Allow sanitarians employed by an Operating LHD to carry out necessary inspections and enforcement actions related to itinerant food vending establishments licensed under the Permitting LHD's authority; and
- x. Use the web-based system managed by the DPH Food Protection Program to provide permitting information, inspection reports and any violations and enforcement actions taken.
- xi. The permitting LHD is strongly encouraged to use a standardized application form mutually agreed upon by the Department of Public Health and the Connecticut Association of Directors of Health's Board members. This will allow consistency of data collected across LHDs and ensures the data in the DPH database are complete. If using the standardized permit application to update an unexpired permit, it is recommended that no fee be assessed.

**b. AUTHORITY AND DUTIES OF THE OPERATING LHD:**

The "Operating LHD":

- i. Shall allow any vendor that has been issued an itinerant food vending establishment permit from another party to this agreement, to operate in any town within the Operating LHD;
- ii. May inspect an itinerant food vending establishment at the discretion of the Director of the "Operating LHD". The itinerant food vending establishment shall not be charged a fee for such inspection;
- iii. Shall issue an order to hold or destroy food as authorized by regulations, if in the opinion of the Operating LHD, such action is warranted and necessary to protect public health, or issue an order to cease operations if the Operating LHD determines

that the itinerant food vending establishment is creating a nuisance that is injurious to public health;

- iv. Shall work with the Permitting LHD to revoke or suspend a license or permit when an itinerant food vending establishment violates any law, regulation, or ordinance which is subject to suspension or revocation of a license or permit. and
- v. Shall use the web-based system managed by the DPH Food Protection Program to post any violations and enforcement actions taken.

**8. EVALUATION OF AGREEMENT**

The first three years of this Agreement is considered a pilot phase. Three years following its effective date, this Agreement shall be assessed by the Department of Public Health, in consultation with the Local Directors of Health, to evaluate its effectiveness in achieving the purposes of the Agreement. If necessary, revisions will be made to better meet the Agreement’s purpose, and to protect public health.

**9. REVISIONS AND AMENDMENTS**

- a. A formal written amendment shall be required to amend any terms of this MOU.
- b. An expired or terminated MOU cannot be amended.
- c. The amendment process shall be accomplished in accordance with Conn. Gen. Stat. section 19a-36i which requires collaboration between the Department of Public Health and local health departments.

**10. APPROVAL AND ACCEPTANCES**

The signatories of this agreement include the Local Director of Health of the jurisdiction joining this agreement, and when required by the town or health district, the signature of the chief executive officer of the town or the chairperson of the board of the local health district.

**For the Local Health Dept./ District of \_\_\_\_\_:**

_____	_____	_____
Name & Title	Signature	Date
_____	_____	_____
Name & Title	Signature	Date

---

**For the Local Health Dept./ District of \_\_\_\_\_:**

_____	_____	_____
Name & Title	Signature	Date
_____	_____	_____
Name & Title	Signature	Date

---



**Eastern Highlands Health District**  
**General Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**March 31, 2022**  
(with comparative totals for March 31, 2021)

4

	<b>Adopted Budget 2021/22</b>	<b>Amended Budget 2021/22</b>	<b>Percent of Adopted Budget</b>		<b>2021</b>
			<b>2022</b>		
<b>Revenues</b>					
Member Town Contributions	\$ 471,450	\$ 455,040	\$ 393,994	83.6%	\$ 343,151
State Grants	135,270	208,106	208,107	153.8%	136,253
Septic Permits	48,470	48,470	39,420	81.3%	43,460
Well Permits	14,400	14,400	8,750	60.8%	16,640
Soil Testing Service	33,740	33,740	36,990	109.6%	30,493
Food Protection Service	82,500	82,500	66,284	80.3%	56,999
B100a Reviews	33,540	33,540	17,460	52.1%	24,905
Septic Plan Reviews	29,380	29,380	28,815	98.1%	27,325
Other Health Services	4,700	4,700	1,422	30.2%	3,700
Miscellaneous	6,800	-	-	0.0%	-
Appropriation of Fund Balance	49,808	29,658	-	0.0%	-
<b>Total Revenues</b>	<b>910,058</b>	<b>939,534</b>	<b>801,241</b>	<b>88.0%</b>	<b>682,925</b>
<b>Expenditures</b>					
Salaries & Wages	625,750	640,670	439,492	70.2%	436,666
Grant Deductions	(62,586)	(62,586)	(61,585)	98.4%	(132,612)
Benefits	232,289	246,845	179,161	77.1%	168,009
Miscellaneous Benefits	13,920	13,920	7,171	51.5%	7,499
Insurance	14,800	14,800	10,329	69.8%	14,603
Professional & Technical Services	17,395	17,395	16,748	96.3%	8,271
Vehicle Repairs & Maintenance	2,500	2,500	1,811	72.4%	753
Health Reg*Admin Overhead	30,090	30,090	22,568	75.0%	22,253
Other Purchased Services	26,800	26,800	24,551	91.6%	20,260
Other Supplies	5,500	5,500	(6,570)	-119.4%	9,377
Equipment - Minor	3,600	3,600	3,730	103.6%	271
<b>Total Expenditures</b>	<b>910,058</b>	<b>939,534</b>	<b>637,406</b>	<b>70.0%</b>	<b>555,349</b>
<b>Operating Transfers</b>					
Transfer to CNR Fund	-	-	-	0.0%	-
<b>Total Exp &amp; Oper Trans</b>	<b>910,058</b>	<b>939,534</b>	<b>637,406</b>	<b>70.0%</b>	<b>555,349</b>
Excess (Deficiency) of Revenues	-	-	163,836		127,577
Fund Balance, July 1	610,152	610,152	610,152		495,337
Fund Balance plus Cont. Capital, Mar.31	\$ 610,152	\$ 610,152	\$ 773,988		\$ 622,914



**Eastern Highlands Health District**  
**General Fund**  
**Balance Sheet**  
**March 31, 2022**  
(with comparative totals for March 31, 2021)

	<u>2022</u>	<u>2021</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ 790,787	\$ 641,952
Accounts Receivable	<u>377</u>	<u>732</u>
Total Assets	<u><u>791,164</u></u>	<u><u>642,684</u></u>
<b>Liabilities and Fund Balance</b>		
<b>Liabilities</b>		
Accounts Payable	<u>17,176</u>	<u>19,770</u>
Total Liabilities	<u>17,176</u>	<u>19,770</u>
Fund Balance	<u>773,988</u>	<u>622,914</u>
Total Liabilities and Fund Balance	<u><u>\$ 791,164</u></u>	<u><u>\$ 642,684</u></u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Balance Sheet**  
**March 31, 2022**  
(with comparative totals for March 31, 2021)

	<u>2022</u>	<u>2021</u>
<b>Assets</b>		
Cash and Cash Equivalents	\$ <u>125,780</u>	\$ <u>122,980</u>
Total Assets	<u><u>125,780</u></u>	<u><u>122,980</u></u>
<b>Liabilities and Fund Balance</b>		
Liabilities		
Accounts Payable	<u>-</u>	<u>-</u>
Total Liabilities	<u>-</u>	<u>-</u>
Fund Balance	<u>125,780</u>	<u>122,980</u>
Total Liabilities and Fund Balance	<u><u>\$ 125,780</u></u>	<u><u>\$ 122,980</u></u>

**Eastern Highlands Health District**  
**Capital Non-Recurring Fund**  
**Comparative Statement of Revenues, Expenditures**  
**and Changes in Fund Balance**  
**March 31, 2022**  
(with comparative totals for March 31, 2021)

	<u>2022</u>	<u>2021</u>
<b>Revenues</b>		
General Fund	\$ <u>          -</u>	\$ <u>          -</u>
Total Revenues	<u>          -</u>	<u>          -</u>
<b>Operating Transfers</b>		
General Fund	<u>          -</u>	<u>          -</u>
Total Operating Transfers	<u>          -</u>	<u>          -</u>
Total Rev & Oper Trans	<u>          -</u>	<u>          -</u>
<b>Expenditures</b>		
Professional & Technical Services	-	-
Office Equipment	<u>      200</u>	<u>          -</u>
Total Expenditures	<u>      200</u>	<u>          -</u>
Excess (Deficiency) of Revenues	(200)	-
Fund Balance, July 1	<u>     125,980</u>	<u>     122,980</u>
Fund Balance plus Cont. Capital, Mar.31	<u>     125,780</u>	<u>     122,980</u>

EHHD Executive Committee  
Special Meeting Minutes – DRAFT  
Wednesday, May 25, 2022  
Zoom

Call to order at 4:01pm

Present: J Elsesser, M Walter, E Anderson

Staff present: R Miller

M Walter MOVED, J Elsesser seconded to approve the 7/20/2021 meeting minutes as presented. Motion PASSED, with E Anderson abstaining.

R Miller presented memo from Director of Finance regarding auditor appointment. E Anderson MOVED, M Walter seconded to appoint CliftonLarsonAllen LLP as the auditing firm for the fiscal year 2021/2022, effective May 23, 2022. Motion PASSED, unanimously.

Meeting adjourned at 4:10pm

Submitted,

Robert Miller

Secretary



Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: www.EHHD.org

6

---

## Memorandum

To: Board of Directors

From: Robert Miller, Director of Health

Date: 6/9/2022

Re: Private Water Supply Sodium Chloride Survey

### Background

Connecticut Public Health Code, section 19-13-101 requires that a new residential water supply well, or an existing well associated with a property sale, be analyzed for a number of water quality parameters including Sodium and Chloride. This same section of the code also requires that such test results be reported to the local department of health.

Approximately six years in the past environmental health staff observed an uptick in the number of Sodium Chloride (NaCl) detections among the private well test results submitted to the Eastern Highlands Health District (EHHD) for review. Based on this observation, on or about June 2016 the health district initiated a program to collect, and compile private well test results that exceeded either the Sodium recommended standard <100mg/l, or Chloride Maximum Contaminate Level of 250 mg/l . As of the date of this memorandum, the health district has compiled a list of 145 private wells with either Sodium or Chloride exceedances within the EHHD.

### Survey Results

During the survey period reported one-hundred, forty-five (145) private wells within the EHHD jurisdiction were identified as having a Sodium and/or Chloride exceedance. Of these seventy-eight (78) are within Tolland, twenty-five (25) within Bolton, twenty-two (22) within Coventry, fourteen (14) within Mansfield, two (2) within Ashford, two (2) within Andover, and two (2) within Willington. These counts are illustrated in the attached Graph 1. A geographic representation of the well locations are provided in the attached Map 1.

Also attached to this report is Graph 2. This graph illustrates the total number of wells identified with a Sodium and/or Chloride exceedance during a calendar year from 2016 to 2022. (Of note, 2016 and 2022 are not complete 12 month periods.)



## Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: [www.EHHD.org](http://www.EHHD.org)

---

### **Discussion**

Sodium Chloride ground water contamination is an emerging contaminate of concern among private residential water supply wells in Connecticut. On its face, the results of this survey appear to support that notion.

The purpose of this information is to provide situational awareness to stakeholders, and contribute to the body of Connecticut data pointing to this matter as an emerging issue of concern for private well owners, private and public sector road salt programs, and residential water treatment contractors.

As part of this report, this agency does not offer a conclusion, or speculate on the cause of individual well exceedances. There are many potential NaCl sources for individual private residential wells. These sources include but are not limited to residential water softener discharges, public and commercial sector road salting activities, residential sewage, fertilizers, and other residential deicing activities.

There are a number of limitations to this survey. Because of administrative challenges associated with tracking the total number of well test reports received by the EHHD, we cannot calculate the percentage of reviewed results with exceedances for this dataset. As this is a study survey initiated solely by the EHHD, the list of individual addresses are not intended for public distribution. Consequently, only aggregate data counts are available, with non-specific locations identified on the attached map. Furthermore, as these are aggregate counts. The notion that there is an increase of the number of exceedances over time is based on anecdotal observations made by EHHD environmental staff. Finally, this survey does not include all properties identified by DEEP as part of a DEEP initiated investigation, or monitoring program. (The above is not a complete accounting of all survey limitations.)

### **Next Steps**

The EHHD will continue to update our database of NaCl exceedances, notify and educate property owners of exceedances, provide preliminary site assessment and consultation services to private well owners upon request, and make referrals to DEEP when appropriate.

If not already initiated, it is recommended that member towns provide DPW training and engage in Connecticut Best Management Practices for sustainable road salt applications.

The EHHD will continue to work with DEEP and member towns on solutions for individual contaminated private wells.



## Eastern Highlands Health District

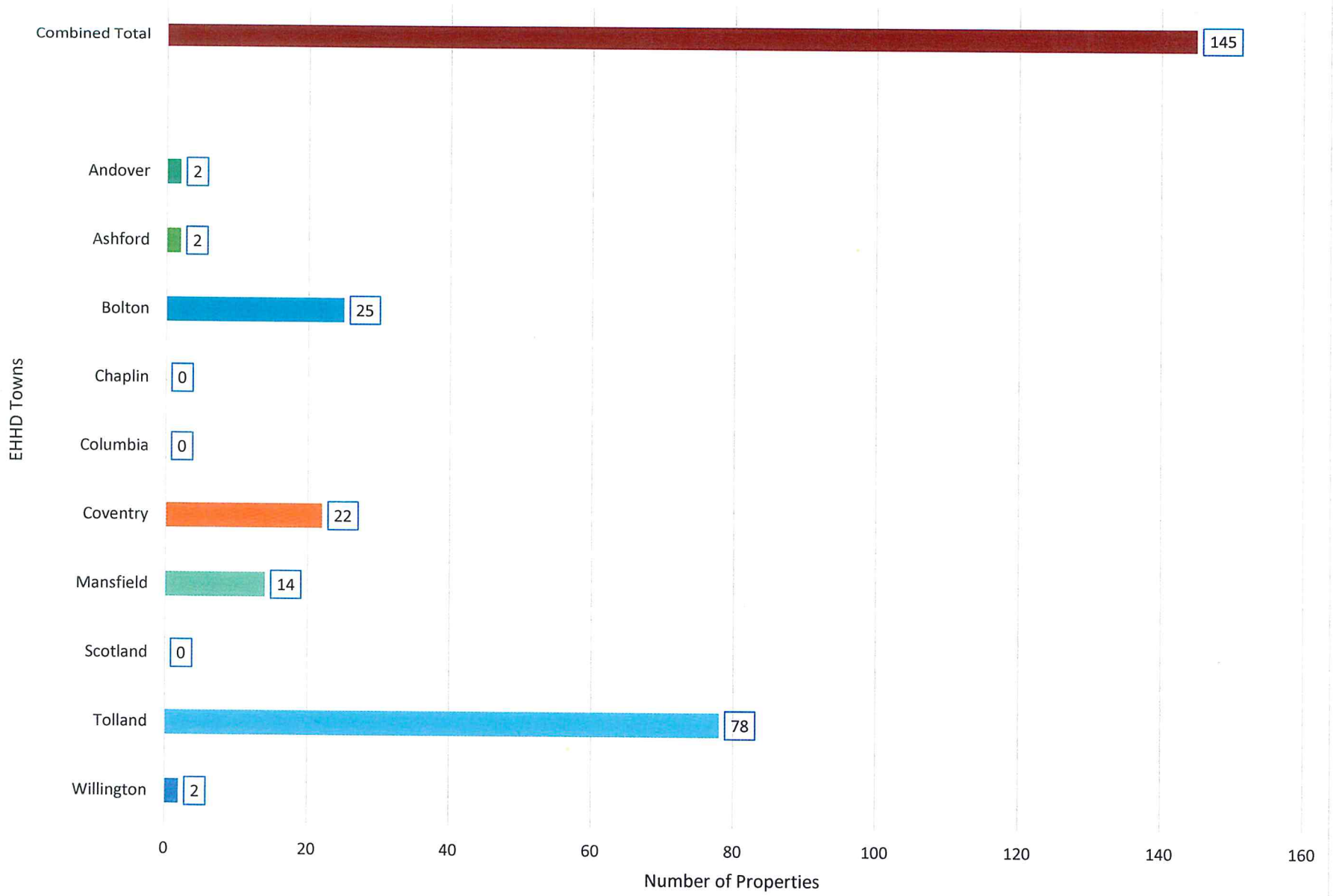
4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: [www.EHHD.org](http://www.EHHD.org)

---

EHHD will reach out and work with area residential water treatment companies to improve customer education, and information regarding the need for water softening system, and if needed, the necessary ongoing maintenance for such treatment systems to avoid unnecessary salt laden discharges.

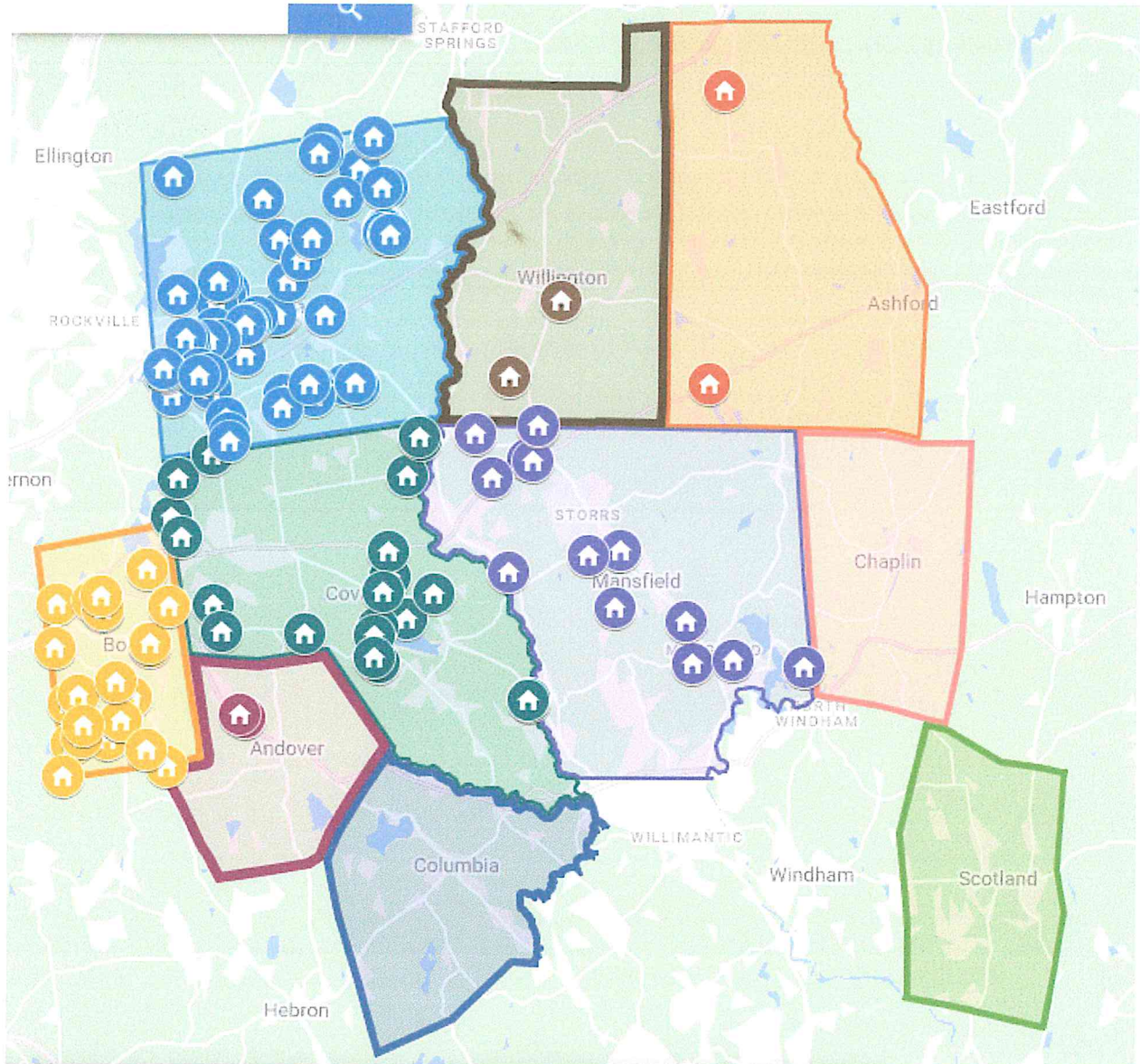
This information has, and will continue to inform the EHHD decision making, and approval process for newly proposed well locations, and residential water treatment waste water disposal system locations.

Properties Reporting High Na and/or Cl by Year Across EHHD Towns - Graph 1

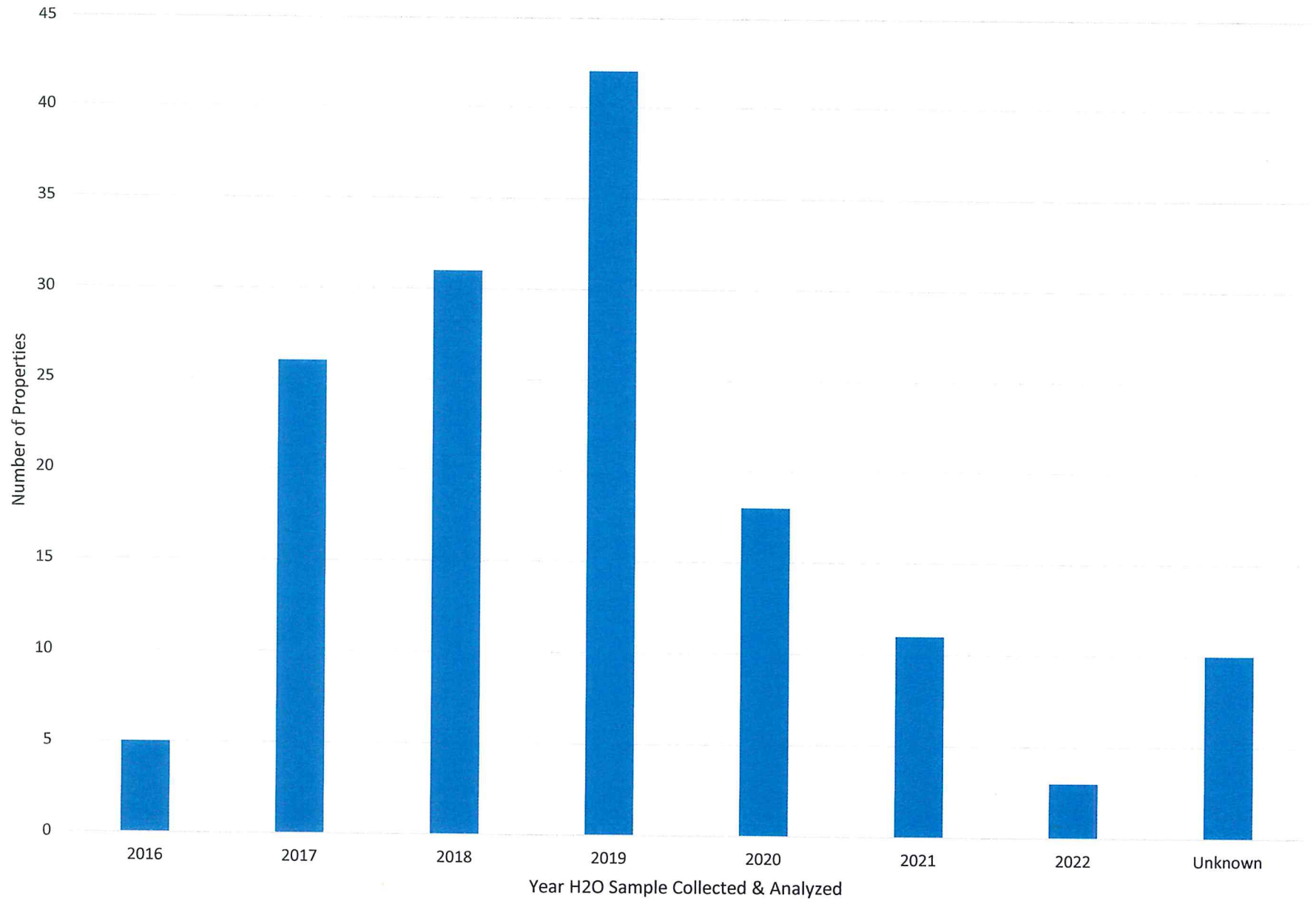




# MAP 1



Properties Reporting High Na and/or Cl by Year Across EHHD Towns - Graph 2





**Substitute Senate Bill No. 2**

**Public Act No. 21-46**

**AN ACT CONCERNING SOCIAL EQUITY AND THE HEALTH, SAFETY AND EDUCATION OF CHILDREN.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective July 1, 2021*) (a) As used in this section, (1) "evidence-based" describes a training program that (A) incorporates methods demonstrated to be effective for the intended population through scientifically based research, including statistically controlled evaluations or randomized trials, (B) can be implemented with a set of procedures to allow successful replication in the state, (C) achieves sustained, desirable outcomes, and (D) when possible, has been determined to be cost-beneficial, and (2) "Question, Persuade and Refer (QPR) Institute Gatekeeper Training" means an educational program designed to teach lay and professional persons who work with youth the warning signs of a suicide crisis and how to respond.

(b) The Youth Suicide Advisory Board, established pursuant to section 17a-52 of the general statutes, and the Office of the Child Advocate, shall jointly administer an evidence-based youth suicide prevention training program in each local health department and district department of health formed pursuant to section 19a-241 of the general statutes. The training program shall provide certification in QPR Institute Gatekeeper Training, utilizing a training model that will enable

**Substitute Senate Bill No. 2**

participants to provide QPR Institute Gatekeeper Training to other individuals upon completion of the training program. Such training program shall be offered not later than July 1, 2022, and at least once every three years thereafter.

(c) The director of health for each local health department and district department of health shall determine the eligibility criteria for participation in the youth suicide prevention training program. Participants shall be members of the following groups within such district: (1) Employees of such local health department and district department of health, (2) employees of youth service bureaus established pursuant to section 10-19m of the general statutes, (3) school employees, as defined in section 10-222d of the general statutes, (4) employees and volunteers of youth-serving organizations, (5) employees and volunteers of operators of youth athletic activities, as defined in section 21a-432 of the general statutes, (6) employees of municipal social service agencies, (7) members of paid municipal or volunteer fire departments, and (8) members of local police departments. With respect to school employees, such training program may be included as part of an in-service training program provided pursuant to section 10-220a of the general statutes, as amended by this act.

(d) Any individual who has received certification in QPR Institute Gatekeeper Training through the training program administered pursuant to subsection (b) of this section may, during the period in which such certification is valid, provide QPR Institute Gatekeeper Training to any member of a group described in subdivisions (1) to (8), inclusive, of subsection (c) of this section and members of the public.

(e) The Youth Suicide Advisory Board and the Office of the Child Advocate may contract with a nongovernmental entity that provides evidence-based suicide prevention training to carry out the provisions of this section.



## QPR Instructor Training – June 17, 28, 29 OR 30, 2022

For Connecticut Local Health Departments/Districts Only

Teach others how to prevent suicide in your community

### WHAT WILL YOU LEARN?

You will learn how to conduct 1.5 hour QPR Gatekeeper Trainings, be given valuable teaching tools geared to increase awareness about suicide risk factors, and learn life-saving suicide prevention strategies.

### WHAT WILL YOU RECEIVE?

- ◆ QPR Training CD
- ◆ 25 QPR booklets, “Suicide, The Forever Decision” and “Counseling Suicidal People”
  - ◆ Full binder of resource material
  - ◆ Certification as a Gatekeeper trainer valid for three years
    - ◆ Ongoing mentoring from experienced trainers
    - ◆ 8 CEU’s available

---

**When: (Select ONE) Friday June 17, Tuesday June 28, Wednesday June 29 or Friday June 30, 2022 from 8:30 to 4:30 pm**

**Where: Wheeler Clinic, Plainville, CT 06062**

**Registration link for CT Local Health Departments/Districts:**

(note: registration closes on 6/10/22)

<https://www.ctclearinghouse.org/registration/qprtot/>



Wheeler

COMMUNITY | HEALTH | CARE

HB 5045 Fact Sheet

Year after year, thousands of children in Connecticut ingest dangerous levels of lead. To complement unprecedented federal investments in removing lead from our homes and drinking water, Governor Lamont proposes improving the State’s public health response to children with elevated blood lead levels and requiring more frequent testing of children living in the communities most at risk.

**The Problem**

Childhood lead poisoning has catastrophic impacts on health and development, including irreversible learning and developmental disabilities. Those impacts deny children the opportunity to live full and productive lives, devastate families, and disproportionately burden our most vulnerable communities.

**Governor Lamont’s Solution**

Governor Lamont proposes strengthening early intervention in instances of lead poisoning by gradually reducing the blood lead level that triggers parental notifications and home inspections to more closely align with CDC and AAP recommendations—recommendation the city of New Haven have already adopted. Additionally, he proposes empowering the Department of Public Health to require more frequent testing of children living in cities and towns where exposure to lead is most common. Those changes will ensure the families of children with unsafe blood lead levels receive appropriate educational materials, the homes of those children are inspected and remediated when appropriate, and the children themselves receive any required care.

	Current	2023	2024	2025+
Parental Notice	10 µg/dL	3.5µg/dL	3.5 µg/dL	3.5 µg/dL
Onsite Inspection	15 µg/dL	10 µg/dL	5 µg/dL	N/A
Epidemiological Investigation	20 µg/dL	15 µg/dL	10 µg/dL	5µg/dL

**ARPA Proposal**

Our cities and towns have been doing great work on the front lines of home safety but have been severely limited by lack of funding, spending limits, and red tape. To help them in their work, Governor Lamont separately proposes we address the root causes of lead poisoning by investing millions of dollars of ARPA funds in remediation and abatement projects so more homes are lead-safe. Currently, we expect to be able to allocate approximately \$30 million in APRA funds to support the implementation of HB 5045. These funds will be allocated to support local health departments as the adapt to the new standards and will fund the Department of Public Health’s support for small communities, either subcontracting with bigger towns or through DPH itself. The majority of the funds will be used to support landlord and homeowner remediation projects in cases where remediation is ordered by the local health department. HB 5045 will also allow the State to leverage federal assistance through Medicaid and HUD funds, as well as state funds, such as the Community Investment Fund, to expand resources dedicated to lead poisoning

prevention. The ARPA investment, and the millions of dollars of IJJA funding dedicated to removing lead service lines for drinking water, will increase access to safe, lead-free homes where Connecticut residents can raise thriving families.

**Eastern Highlands Health District**  
**COVID-19**  
**Response Activity Update**  
**June 9, 2022**  
**(Updates are in red)**

### **Activation of Public Health Emergency Response Plan**

The internal staff meeting frequency continues to be every two weeks. Local health directors **are now meeting bi-weekly** with DPH officials. This office also participates with **monthly** meetings with State Department of Education, and DPH officials.

With resource demands driven by the pandemic waning, the health district will be working with DEMHS Region 4 Health Departments to develop a regional After Action Report for the pandemic response.

### **Public Health Surveillance**

We continue to issue weekly reports. In an effort to keep community partners updated on disease prevalence and other response activities. Weekly report now includes case rates, and positivity rates by town.

**Our latest weekly report dated June 10, 2022 is attached to this report.**

### **COVID Testing**

The demand for testing resources in the area has declined. This office continues to communicate to DPH on this matter. The existing state sponsored testing site changed vendors recently. A new sites in Vernon and Putnam were opened in February 2022.

Our member town's efforts to distribute the state supplied self-test and PPE in January/February 2020 was supported primarily with information sharing.

The health district continues to provide detailed listing of regional testing sites on agency website, which are updated weekly.

The health district continues to coordinate with the CT DPH, local partners, and state vendors to be prepared for the next increase in testing demand. Towards that end, a state sponsored back up testing site has been identified in Tolland, and the Windham testing site is prepared to ramp up capacity on short notice.

We provided specimen kits to Woodlake in Tolland in January 2022 in support of an outbreak response.

### **Contact Tracing and outbreak investigation**

The health district (or the DPH tracing unit) contact traced every confirmed case within our Jurisdiction that are not UConn students through the end of February. At that point in time, pursuant to guidance from both the CDC and CT DPH, efforts transitioned away from universal community contact tracing to case investigation and rapid outbreak response. We continue to stay updated with bi-weekly modifications to the new state-wide web based contact tracing system called *ContaCT*. Below are updates to the contact tracing and case investigation program that represent, in part, our efforts to respond to this pandemic:



- SHaW continues to investigate all positive UConn students. EHHD is tracing all staff and faculty, and non-student residents through the end of February 2022, and ceased thereafter.
- During **April and May 2022** we investigate and supported the town response to approximately **6 town governmental affiliated cases**.
- In response to the delta variant increase in cases and with an upward prevalence in cases late fall, the health district converted our part-time contact tracer to full-time status.
- Provided updated CDC/DPH Isolation & Quarantine guidance issued in December to Towns, and employers with tools to assist with tracing.
- Contact tracing activities have decreased in February 2022 due to a reduction in the prevalence of cases during that period.
- During the month of **April and May** an average of **130 community cases per week were supported or followed up in some fashion**.
- **During the month of April and May we supported the response to 12 clusters/outbreaks at 10 schools involving approximately 180 students, and 2 in daycare locations.**

### **University of Connecticut Storrs**

The University is mandated boosters for all students attending in-person classes this 2022 spring semester.

They also delayed the start of in-person classes to January 31, 2022, pending omicron surge.

The EHHD supported Student Health and Wellness efforts to assure all students are vaccinated. Specifically, EHHD staff and volunteers staffed mass vaccination on campus student clinics scheduled for August 27<sup>th</sup> & August 28<sup>th</sup>.

**Classes ended May 20<sup>th</sup>. There is no word yet on the mitigation measures for the Fall 2022 semester.**

### **Schools**

In the period leading up to school reopening and since, this agency continues to respond to questions from school nurses, principals, and superintendents. The topics include but are not limited to contact tracing, student and staff exclusion guidance, travel advisory guidance, symptom screening criteria, case communications and notifications, confidentiality, interpretation and implementation of SDE mitigation guidance, vaccination eligibility, vaccination clinic coordination, and many other COVID related matters. We provide thoughtful, researched responses daily.

This agency is provided consultations on the application of the Governors Vaccine mandate for school teachers and staff, and the new screen and stay protocol for students exposed in school during the 21/22 school year.

Provided schools with technical support on transition to new CDC/DPH updated guidance on Isolation and Quarantine issued in December. Meet with a number of school districts individually.

The Connecticut General Assembly voted to extend the executive order authorizing mask mandates in schools to June 30, 2022. The DPH Commissioner rescinded the mandate February 28<sup>th</sup>, at which point the decision to continue masking and other practices in a school setting will be decided by local boards of education. The Connecticut DPH issued updated guidance in February 22, 2022 to assist local officials in making these decisions. With the transition away from contract tracing to outbreak response the

EHHD hosted a superintendents meeting on 2/23, and issued its own updated guidance to schools on February 28, 2022.

In response to BA.2 surge in May, this agency re-distributed the February updated outbreak/cluster guidance from both DPH and EHHD to all schools.

### **PPE Distribution**

CT DPH tasked local health departments with distributing PPE to local area private healthcare providers. We no longer receive allocations from the DEMHS Region 4 distribution site. However still have a moderate inventory left. To date, we have distributed approximately **130,000 items to 46 area healthcare**, and personal care providers in our jurisdiction. We continue to provide PPE regularly to area providers upon request.

### **Reopen CT Sector Rules**

In an effort to support our local businesses a tremendous amount of staff time is expended working with area businesses providing guidance and support to area businesses. Since March of 2020 we have responded to **161 complaints** regarding violations of the sector rules, the Governors executive orders, or other COVID related issues.

This office issued two cease and desist orders since the sector rules have been in place. One 9/28 to Huskies Restaurant and Tavern, and a second on 11/10 to the American Eagle Saloon and Café in Willington for violations of the Governors executive orders regarding masks, social distancing and other sector rules. Both establishments have since received approval on re-open plans and passed a pre-operational inspection.

### **Governors Executive Orders and other state guidance - Application and Interpretation**

We continue to track and review executive orders and state guidelines as they are issued, providing consultation and interpretation support to recreation departments, first responder agencies, youth services agencies, boards of education, town leadership, and other entities as requested. In addition to numerous phone consultations, and emails, this office and staff participates in COVID response staff meetings as needed with a number of member towns.

### **Public Health Education, Communications, Messaging**

EHHD is aligned with the Governor's and CDC Messaging; providing regular public information updates to website, and social media (FB & Twitter).

We push out information and updates on access to testing of general public and first responders.

Agency updates routinely provided to community partners.

We are now pushing out information on COVID-19 vaccine access and eligibility to the public and community partners via website, and email blast.

Our vaccination messaging is now supporting efforts to promote vaccination of kids age 5 to 11, and boosters all eligible persons.

In response to the Omicron surge, the EHHD issued a Call to Action statement to various media outlets and all community partners on January 5, 2022, requesting in the strongest possible terms that direct action be taken by all to reduce the risk of disease transmission.

We continue to maintain our social media presents with four to 6 social media posts per week as of the **May 2022**.

**Providing support to United Services COVID-19 outreach initiative targeting families to address vaccine hesitation. We are recruiting college student ambassadors in support of the program.**

**Medical Reserve Corps retention and recruitment**

We continue to recruit and vet new MRC volunteers. To date, a total of approximately 200 volunteers have received field experience or training.

We deployed 20 MRC volunteers to support UConn’s efforts to test approximately 6000 residential students at the beginning of the fall 2021 semester. Three volunteers are currently trained in contact tracing.

A combined total of 22 MRC volunteers supported our five seasonal flu clinics that occurred in October and November of last year.

MRC volunteers continue to support our weekly vaccination clinics as needed to fill staffing gaps during the month of January 2022, **and into the month of May 2022**.

**COVID-19 Crisis Response Funding for State and Local Health Departments**

Local public health departments are receiving COVID-19 Crisis Response Funding from the CDC. We have been allocated \$29,596. Currently, the funding is reimbursing 100% for over-time, response supplies, and communications. This grant is fully expended.

**Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant**

The EHHD has been awarded \$384,489 through November 17, 2022 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. The DPH approved our application.

**Epidemiology and Laboratory Capacity #2 (ELC2) Enhancing Detection grant**

The EHHD has been awarded \$378,850 for funding through May 31, 2023 to enhance health district capacity to detect, respond, and prevent COVID-19 illness in the community. This grant is funding additional staffing to support the EHHD response. This application and proposed budget was recently submitted. **As of the date of this report DPH approval is pending.**

**This office is working with DPH staff in the development of template language for the ELC2 contracted scope of work as a pilot agency for this Grant.**

**Coronavirus Relief Fund**

With the Town of Mansfield’s assistance, the health district was able to claim for reimbursement **\$104,787** in pandemic response expenses against the Municipal CRF for the period ending December 30, 2020. The expenses claimed are related to regular and program staff time dedicated to the pandemic response during this period. These funds have since been received by the Mansfield Finance Department.

**American Rescue Plan Act**

The Health District has requested a total of \$20,405 from member towns ARPA allocations to offset vaccine clinic expenses.

### **COVID-19 Vaccination Campaign Planning and Activities**

We are currently meeting weekly with DPH. Here are the latest salient updates on distribution and administration.

- *As of the writing of this report, the EHHD has administered over 12468 doses in 230+ clinics throughout the Eastern Highlands Health District. 17 clinics have been hosted during the month of April and May 2022.*
- *As of May 2022, the health district has administered 174 doses to homebound residents since March 2021. Here is the break down by town: Andover (4), Ashford (15), Bolton (23), Chaplin (4), Columbia (34), Coventry (14), Mansfield (29), Scotland (6), Tolland (29), and Willington (16).*
- *We expanded our COVID-19 vaccine inventory to include Pfizer so that we can target school aged children.*
- *We hosted 4 large school located clinics in November and December in which we administered 1340 Pfizer doses to kids' age 5 to 11.*
- *Of the above number, 1400 are teachers and educators vaccinated at 9 different school located clinics.*
- *This office arranged to have UConn Health hold vaccination clinics for those 12 and older at school located clinics. Six different school located clinics have been conducted to date, with 410 vaccines administered. Second dose clinics are scheduled for June 15<sup>th</sup> (2021) at THS, and June 22<sup>nd</sup> at CHS.*
- *This office arranged to have UConn Health to vaccinate all the childcare professionals in the health district. That number is estimated at 600.*
- *The health district has initiated a program to vaccinate the homebound. We have vaccinated 60 homebound individuals as of 12/30/21.*
- *As if April 1<sup>st</sup>, the Governor's opened vaccine eligibility to anyone 16 or older. The EHHD is vaccinating those 18 or older.*
- *This office is an active member of the UConn Health, UConn Storrs workgroup charged with coordinating a public mass vax site at the Storrs UConn campus. The site opened on March 29, four days per week, with maximum through put of 1600 to 2000 doses per week. The vax site on the Storrs Campus ceased operations July 1<sup>st</sup>.*
- *The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. Currently, all EHHD clinics are open to any individual. The EHHD clinics are part of a state-wide network of VAMS clinics open to eligible individuals.*
- *This office will continues to work with member towns and local social services officials to facilitate vaccine access.*
- *We are participating as an active partner with the North Central District Health Department in the Vulnerable Equity Partnership Funding initiative targeting groups and individuals effected by challenges to access, and/or vaccine hesitancy.*
- *We have moved to weekly walk-in clinic from the Mansfield Community Center to the Mansfield Town Hall, effective June 21st. Clinic hours are weekly on Monday morning, and Thursday evening.*
- *The EHHD is leveraging the use of DPH funded mobile vaccination units made available by the DPH for pop-up clinic opportunities when it makes since to do so. We have coordinated or*

supported approximately 35 pop up clinics using the DPH Griffin Health mobile vaccination units as of January 2022.

### Plans for the Future

- Optimize our clinic schedule to accommodate accessibility to booster shots for our patients, and identify and promote other booster clinic in the region.
- Ongoing Health Education Program targeting vaccine hesitancy, access, and infection control.
- Apply lessons learned, and update all emergency response plans.
- Continue outbreak/cluster investigation program.
- Implement improvements on surveillance and disease reporting.
- Provide guidance to partners on appropriate mitigation measures as the BA.2 increases.

## Eastern Highlands Health District COVID-19 Update

DATE: 6/10/2022

TIME: 8:30 AM

COMPLETED BY: A. Bloom

### TOWN LEVEL DATA

TOWN	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Non-student	Scotland ++	Tolland	Willington	EHHD Totals
Cumulative Cases	504	735	741	441	967	2,088	2,937		122	2,270	801	<b>11,606</b>
Change from last week	1	3	13	2	7	14	23	(22)	0	13	9	<b>85</b>
Two week change	11	12	16	8	14	40	55	(52)	1	44	17	<b>218</b>
Deaths	6	5	5	3	12	11	32	(31)	2	25	4	<b>105</b>

### CONNECTICUT TOTALS (June 8, 2022)

Number of cumulative cases	Change from last week	Change from two weeks	Current hospitalizations*	Two week change in hospitalizations	Deaths
<b>815,660</b>	<b>4,811</b>	<b>10,331</b>	<b>282</b>	<b>-97</b>	<b>10,999</b>

Data Sources: CTEDSS and CT DPH; cumulative town counts as of 6/8/2022; reporting period for two week town level case counts is 5/22/2022 through 6/4/2022.  
 \*Current (net) number of hospitalizations; it is not a cumulative count. ++ Scotland case count likely lower than actual positive cases due to residents using Baltic, North Windham and Hampton as a mailing address.

### EHHD RESIDENTS WHO RECEIVED COVID-19 VACCINE<sup>+</sup>

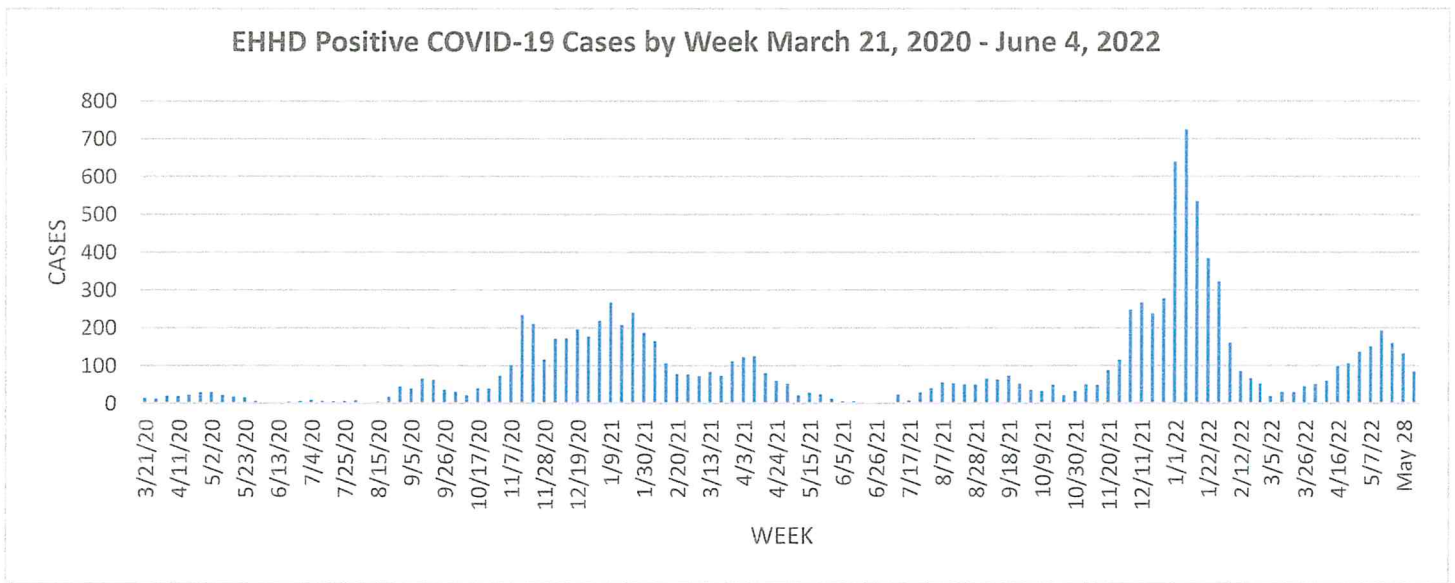
TOWN Est. population	AGE GROUP												Total pop.		Booster
	5-11 years		12-17 years		18-24 years		25-44 years		45-64 years		65+ years		% 1 dose	% Full vax	%
	% 1 dose	% Full vax	% 1 dose	% Full vax	% 1 dose	% Full vax	% 1 dose	% Full vax	% 1 dose	% Full vax	% Full vax	% booster	% 1 dose	% Full vax	%
Andover 3,236	25	23	59	58	78	71	78	73	78	75	100	100	76	73	47
Ashford 4,255	36	32	70	66	69	61	68	63	74	71	100	100	73	69	43
Bolton 4,884	52	49	74	72	75	71	90	84	76	73	100	96	81	78	52
Chaplin 2,239	39	32	79	73	62	54	71	65	69	65	100	91	71	67	40
Columbia 5,379	43	40	58	57	72	68	80	74	77	74	100	90	78	74	48
Coventry 12,407	46	43	67	65	68	63	84	79	81	78	100	98	78	75	46
Mansfield ^ 25,487	55	52	80	76	92	87	94	85	87	82	100	93	88	83	64
Scotland 1,672	24	23	48	45	65	56	52	50	73	70	100	85	64	61	36
Tolland 14,618	41	39	76	74	95	87	86	80	83	81	100	89	83	79	51
Willington 5,864	35	34	60	56	33	30	86	79	72	68	100	100	69	65	41
EHHD 80,041	43	40	70	68	85	80	84	78	80	76	100	95	81	77	52
CT 3,631,470	**	**	**	**	**	**	92	80	95	87	94	70	85	77	43

Data Source: Connecticut immunization registry CT DPH as of 6/8/2022; ^Vaccination data for Mansfield includes current 5/6/2022 data from UCONN (<https://covidashboard.uconn.edu>). +Downward changes from prior weeks are likely due to de-duplication or re-assignment of cases to different towns associated with UConn student residency changes. \*\*State vaccination numbers are not broken down into the same age groups as the town level data and cannot be reported here.  
 NOTE: census estimates for 65 and older is likely low, resulting in 100% rates based on actual number of vaccines provided to this age group.

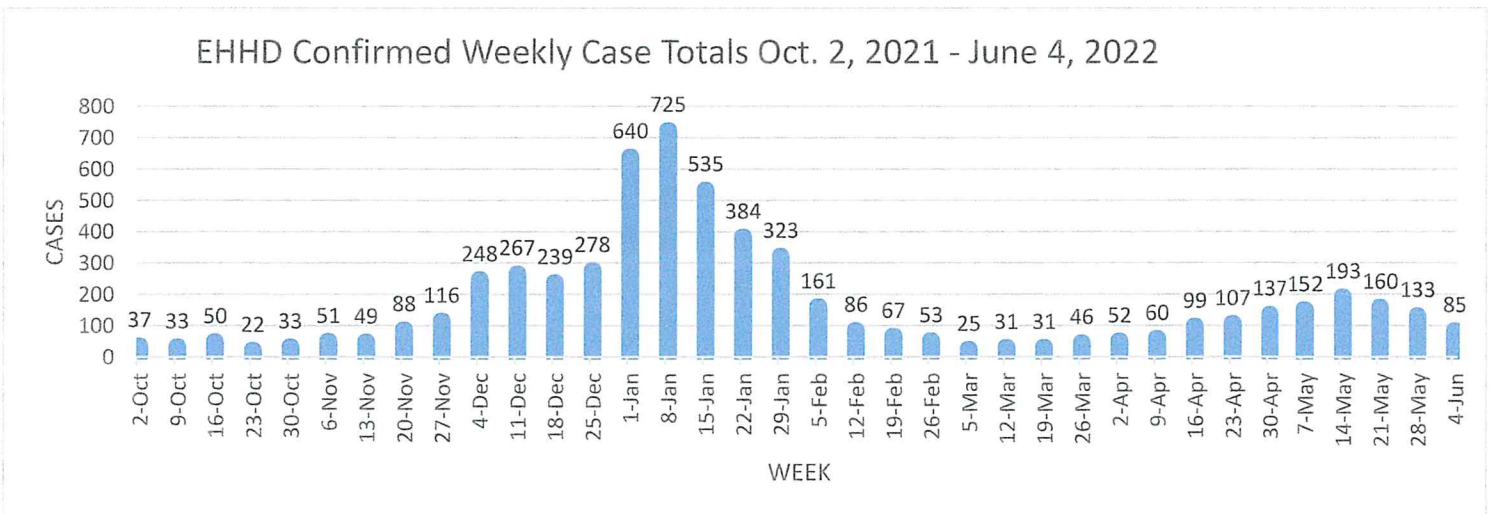
## EHHD TOWN LEVEL CASE RATES May 22, 2022 – June 4, 2022

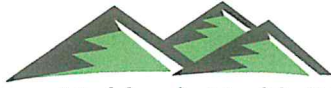
Town	Total Cases 2 weeks	Case Rate	Total Tests	% Positive	Previous Case Rate	Previous % Positivity
Andover	11	24.3	95	13.7	39.7	21.7
Ashford	12	20.1	116	11.2	26.9	12
Bolton	16	23.4	148	12.2	16.1	10.8
Chaplin	8	25.5	58	15.5	28.7	15.2
Columbia	14	18.6	129	15.5	23.9	15.2
Coventry	40	23	276	16.7	35.7	20.2
Mansfield	55	15.4	370	17.3	20.2	18.3
Scotland +	1	4.3	15	6.7	4.3	8.3
Tolland	44	21.5	354	16.1	33.7	18.5
Willington	17	20.7	146	15.1	20.7	12.5

NOTE: case rates are per 100,000 population; + Scotland case counts likely lower than actual due to residents using Baltic, North Windham and Hampton as a mailing address.



NOTE: All counts by town are cumulative and include confirmed cases and antigen-positive cases; counts can change from previous weeks due to the state reassigning a case to a different town once further information is gathered on the case, or due to lab reporting delays.





## Activity Report January 1, 2022 – March 31, 2022

### Highlighted Accomplishments/Activities

- The pandemic response continues to command much of the agency's resources. See the separate report on COVID-19 response activities during this period.
- Subsequent to a public hearing, the Board of Director's adopted an operating budget of \$962,197 for fiscal year 2022/2023.
- With the recent departure of our Environmental Health Inspector, we re-engaged a contractor to backfill our food service inspector vacancy, until such time that we can fill this vacancy with a qualified regular employee.
- We successfully transitioned 240 licensed food establishment from the old Filemaker platform to the new Viewpoint online platform for the purposes of annual operating license renewal. Moving forward all annual renewals will be completed online.
- Staff continues working with Town of Mansfield staff to support the new elementary school project.
- Staff continues to support the Towns of Coventry and Tolland with response to NaCl contamination in private wells.
- We successfully recruited and hired a full-time public health nurse in support of on-going COVID-19 response. This staff person starts in May.
- Developed draft of Blue/Green Algae Response Protocols for Lower Bolton Lake for the Town of Bolton.
- Director's office working with Town of Columbia regarding a property line dispute on a septic system location.
- *Community Health and Wellness Programs*: See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, implementation of Be Well program for Tolland, Chronic Disease Prevention (Block Grant) activities, and other outreach initiatives.
- *Emergency Preparedness Program*: The staff position responsible for this report is currently vacant.





## Eastern Highlands Health District

4 South Eagleville Road ♦ Mansfield CT 06268 ♦ Tel: (860) 429-3325 ♦ Fax: (860) 429-3321 ♦ Web: [www.EHHD.org](http://www.EHHD.org)

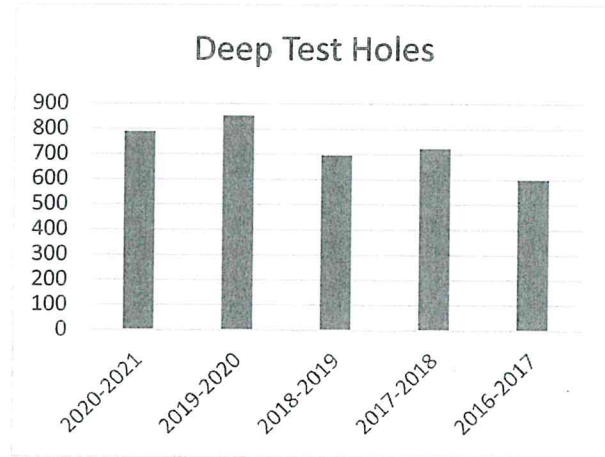
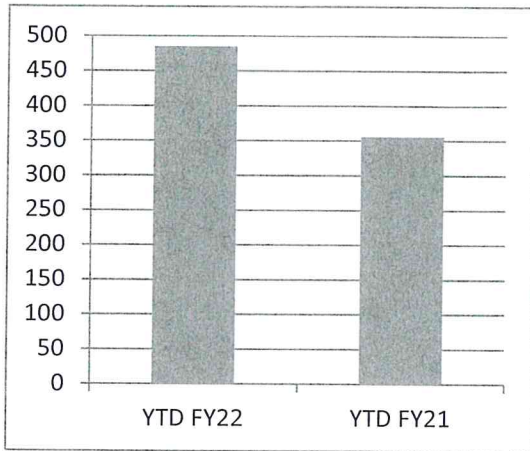
---

### **Plans for the Next Quarter**

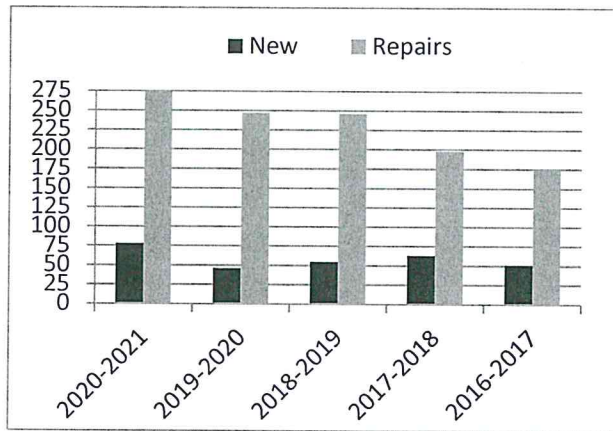
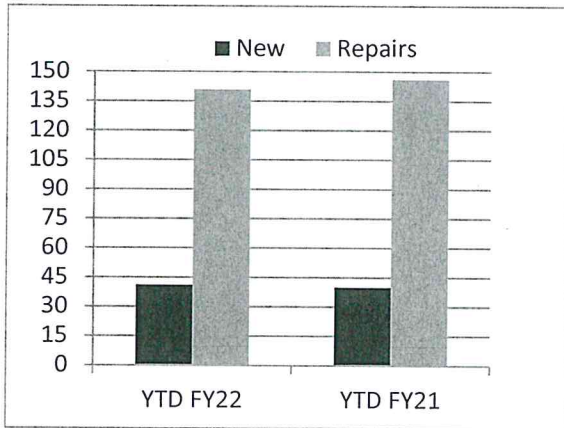
- See separate report on COVID-19 response activities.
- Engage Town of Bolton stakeholders regarding the finalization of the Blue Green Algae Response Protocols for Lower Bolton Lake.
- Working with Board, initiate public information campaign and set public hearing date for proposed Cosmetology Permitting and Inspection Code.
- Report out on health district survey of NaCl exceedance with private wells.
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.

### **Statistical Report (Attached)**

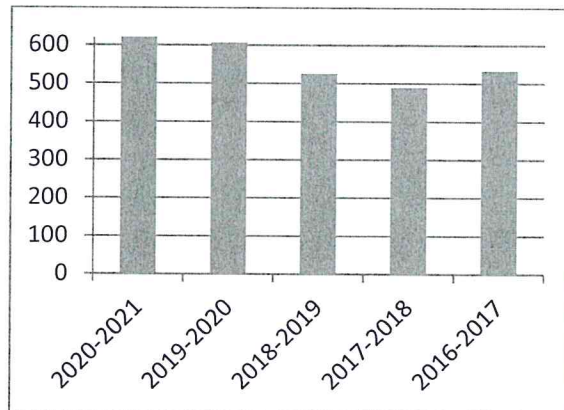
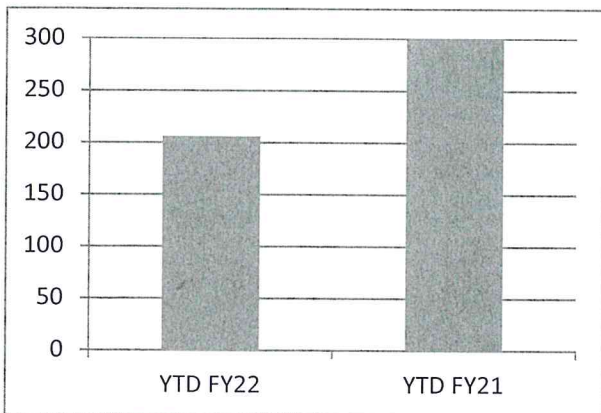
### Deep Test Holes



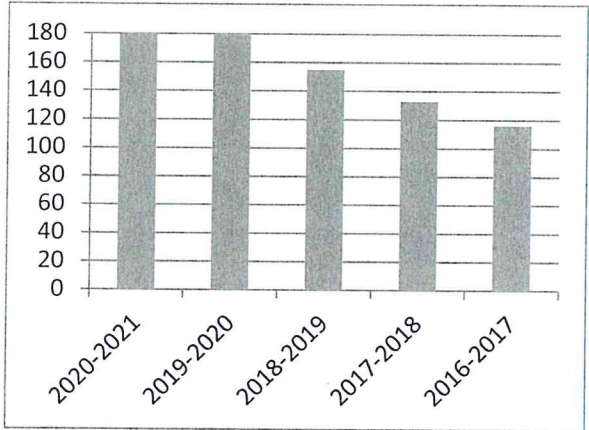
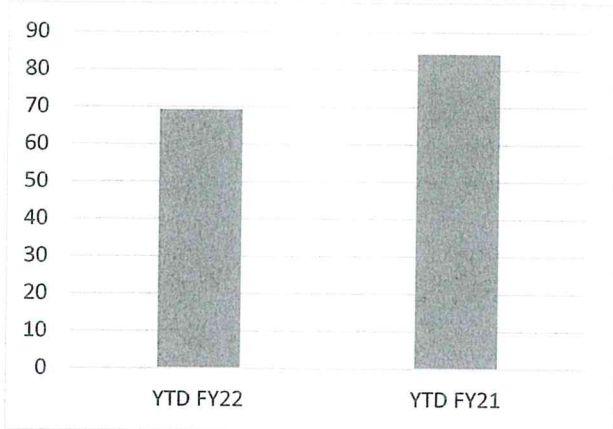
### Septic Permits



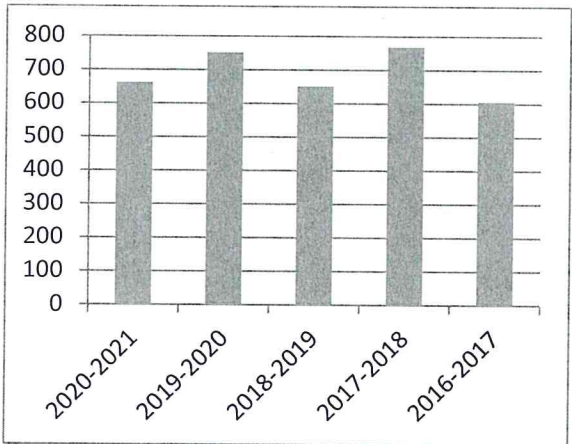
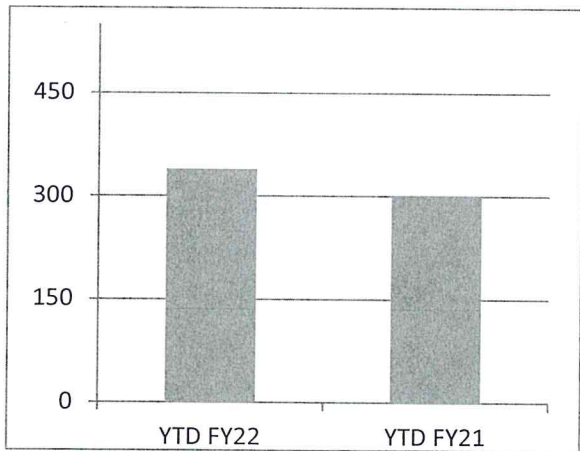
### PHR Reviews



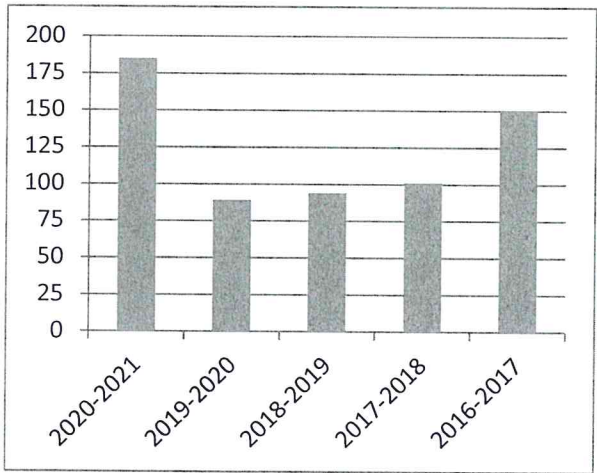
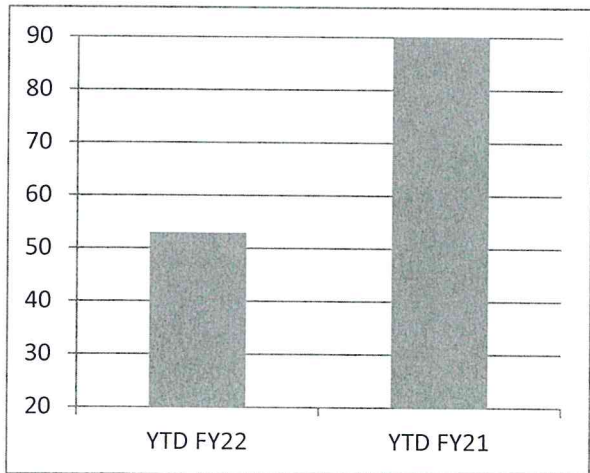
### Complaints



### Food Service Inspections



### Well Permits Issued



**EASTERN HIGHLANDS HEALTH DISTRICT THIRD QUARTER FISCAL YEAR 2020-2021**

**January 1, 2022 - March 31, 2022**

Activity Indicators	MONTHS				Current	Previous
	January	February	March	Total		
<b>COMMUNITY HEALTH ACTIVITIES</b>						
<b>Communicable Disease Control</b>						
Case reports reviewed	186	61	41	288	591	570
Investigations		1	1	2	5	0
<b>Public Health Education</b>						
Programs	(see narrative for program description)					
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<b>Complaints</b>						
Air Quality	0	0	0	0	2	1
Animals/Animal Waste	0	0	0	0	2	0
Activity without Permit	0	0	0	0	0	8
Food Protection	0	1	3	4	23	7
Housing Issues	5	3	6	14	51	26
Emergency Response	0	0	3	3	3	1
Refuse/Garbage	0	0	5	5	6	8
Rodents/Insects	0	0	0	0	7	3
Septic/Sewage	2	0	3	5	19	18
Other	0	0	1	1	9	10
Water Quality	0	1	0	1	6	12
COVID-19	2	0	0	2	12	153
<b>Total</b>	<b>9</b>	<b>5</b>	<b>21</b>	<b>35</b>	<b>140</b>	<b>247</b>
<b>Health Inspection</b>						
Group homes	0	0	0	0	0	2
Day Care	1	3	2	6	16	1
Camps	0	0	0	0	10	2
Public Pool	0	0	0	0	16	10
Other	0	0	0	0	2	19
Schools	0	0	0	0	1	0
Mortgage, FHA, VA	0	0	0	0	0	0
Bathing Areas	0	0	0	0	0	0
<b>On-site Sewage Disposal &amp; Wells</b>						
Site inspection	34	31	41	106	831	893
Deep hole tests	81	52	123	256	1010	761
Percolation tests	18	7	29	54	258	232
Permits issued, new	0	2	3	5	66	69
Permits issued, repair	13	10	21	44	254	277
Site Plans Reviewed	19	19	32	70	368	208
Public Health Reviews	23	27	55	105	428	627
<b>Wells</b>						
Well sites inspected	1	3	5	9	91	103
Well permits issued	9	8	4	21	109	184
Potable water	0	0	0	0	1	2
Surface water	0	0	0	0	406	342
Ground water	0	0	0	0	0	0
Rabies	0	0	0	0	0	4
Lead	0	0	0	0	0	0
Other	0	0	4	4	12	14
<b>Food Protection</b>						
Inspections	52	57	41	150	565	480
Reinspections	9	6	8	23	82	99
Temporary permit	2	5	13	20	95	32
Temporary inspections*	0	0	1	1	58	1
Plan review	1	0	0	1	13	4
Pre-operational inspections	0	2	1	3	13	22
<b>Total Inspections</b>	<b>61</b>	<b>65</b>	<b>51</b>	<b>177</b>	<b>718</b>	<b>602</b>
<b>Lead Activities</b>						
Housing inspection	0	0	0	0	0	2
Abate plan reviewed	0	0	0	0	0	0
<b>Miscellaneous Activities</b>						
Planning and Zoning referrals	0	0	0	0	2	6
Subdivision reviewed (# of lots)	0	0	0	0	3	12

**ANDOVER QUARTERLY REPORT**

**January 1, 2022 - March 31, 2022**

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	4	
Housing Issues				0	14	
Emergency Response				0	3	
Refuse/Garbage			1	1	5	
Rodents/Insects				0	0	
Septic/Sewage				0	5	
Other				0	1	
Water Quality				0	1	
COVID-19				0	2	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>35</b>	
Group homes				0	0	
Day Care	1			1	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	6	4	2	12	116	
Deep hole tests -- number of holes	3		6	9	230	
Percolation tests -- number of holes	1		1	2	45	
Permits issued, new				0	5	
Permits issued, repair	1	1		2	44	
Site plans reviewed	1	1		2	70	
Public Health Reviews	1	1	1	3	105	
<i>Wells</i>						
Well sites inspected				0	9	
Well permits issued		1		1	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other			1	1	4	
<i>Food Protection</i>						
Inspections	4		1	5	150	
Reinspections	2			2	23	
Temporary permits			1	1	20	
Temporary inspections				0	1	
Plan reviews				0	1	
Pre-operational inspections				0	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

	A	B	C	D	E	F	G	H	I
1	<b>ASHFORD QUARTERLY REPORT</b>								
2	<b>January 1, 2022 - March 31, 2022</b>								
3									
4	<b>Activity Indicators</b>								
5									
6					January	February	March	Total	District Total
7	<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>								
8	<i>Complaints</i>								
9		Air Quality						0	0
10		Animals/Animal Waste						0	0
11		Activity Without Proper Permits						0	0
12		Food Protection						0	4
13		Housing Issues		1	2	2		5	14
14		Emergency Response						0	3
15		Refuse/Garbage				4		4	5
16		Rodents/Insects						0	0
17		Septic/Sewage						0	5
18		Other						0	1
19		Water Quality						0	1
20		COVID-19						0	2
21		Total		1	2	6		9	35
22	<i>Health Inspection</i>								
23		Group homes						0	0
24		Day Care						0	6
25		Camps						0	0
26		Public Pool						0	0
27		Other						0	0
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	0
31		Total		0	0	0		0	6
32	<i>On-site Sewage Disposal</i>								
33		Site inspection -- all site visits		2	5	3		10	116
34		Deep hole tests -- number of holes		16		18		34	230
35		Percolation tests -- number of holes		3		3		6	45
36		Permits issued, new						0	5
37		Permits issued, repair		2		1		3	44
38		Site plans reviewed		1	2	1		4	70
39		Public Health Reviews		2	2	5		9	105
40	<i>Wells</i>								
41		Well sites inspected			1	1		2	9
42		Well permits issued						0	21
43	<i>Laboratory Activities (samples taken)</i>								
44		Potable water						0	0
45		Surface water						0	0
46		Ground water						0	0
47		Rabies						0	0
48		Lead						0	0
49		Other						0	4
50	<i>Food Protection</i>								
51		Inspections		5	1	3		9	150
52		Reinspections			2			2	23
53		Temporary permits				1		1	20
54		Temporary inspections						0	1
55		Plan reviews						0	1
56		Pre-operational inspections						0	3
57	<i>Lead Activities</i>								
58		Housing inspection						0	0
59		Abate plan reviewed						0	0
60	<b>MISCELLANEOUS ACTIVITIES</b>								
61		Planning and Zoning referrals						0	0
62		Subdivision reviewed (per lot)						0	0

## BOLTON QUARTERLY REPORT

January 1, 2022 - March 31, 2022

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	4	
Housing Issues	1			1	14	
Emergency Response				0	3	
Refuse/Garbage				0	5	
Rodents/Insects				0	0	
Septic/Sewage				0	5	
Other				0	1	
Water Quality				0	1	
COVID-19				0	2	
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>35</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	8	2	5	15	116	
Deep hole tests -- number of holes	9	3	15	27	230	
Percolation tests -- number of holes	3		4	7	45	
Permits issued, new				0	5	
Permits issued, repair	1	4	1	6	44	
Site plans reviewed	3	4	2	9	70	
Public Health Reviews	5	2	8	15	105	
<i>Wells</i>						
Well sites inspected				0	9	
Well permits issued	1			1	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other			2	2	4	
<i>Food Protection</i>						
Inspections	3	5		8	150	
Reinspections			1	1	23	
Temporary permits	1	1	3	5	20	
Temporary inspections				0	1	
Plan reviews				0	1	
Pre-operational inspections				0	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

## CHAPLIN QUARTERLY REPORT

January 1, 2022 - March 31, 2022

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	4	
Housing Issues				0	14	
Emergency Response				0	3	
Refuse/Garbage				0	5	
Rodents/Insects				0	0	
Septic/Sewage				0	5	
Other				0	1	
Water Quality				0	1	
COVID-19				0	2	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care			1	1	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	1	1	2	4	116	
Deep hole tests -- number of holes	6			6	230	
Percolation tests -- number of holes	2			2	45	
Permits issued, new			1	1	5	
Permits issued, repair			1	1	44	
Site plans reviewed	1		6	7	70	
Public Health Reviews				0	105	
<i>Wells</i>						
Well sites inspected			1	1	9	
Well permits issued	1			1	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections	1	2	1	4	150	
Reinspections	1			1	23	
Temporary permits				0	20	
Temporary inspections				0	1	
Plan reviews				0	1	
Pre-operational inspections				0	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	



## COLUMBIA QUARTERLY REPORT

January 1, 2022 - March 31, 2022

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	4	
Housing Issues				0	14	
Emergency Response				0	3	
Refuse/Garbage				0	5	
Rodents/Insects				0	0	
Septic/Sewage				0	5	
Other				0	1	
Water Quality				0	1	
COVID-19				0	2	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits				0	116	
Deep hole tests -- number of holes	9	4	10	23	230	
Percolation tests -- number of holes	2		1	3	45	
Permits issued, new		1		1	5	
Permits issued, repair	1		5	6	44	
Site plans reviewed	1	3	3	7	70	
Public Health Reviews			6	6	105	
<i>Wells</i>						
Well sites inspected				0	9	
Well permits issued	2			2	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections	5	3	1	9	150	
Reinspections				0	23	
Temporary permits				0	20	
Temporary inspections			1	1	1	
Plan reviews				0	1	
Pre-operational inspections				0	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

**COVENTRY QUARTERLY REPORT**

January 1, 2022 - March 31, 2022

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	4	
Housing Issues			1	1	14	
Emergency Response				0	3	
Refuse/Garbage				0	5	
Rodents/Insects				0	0	
Septic/Sewage				0	5	
Other				0	1	
Water Quality				0	1	
COVID-19				0	2	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>35</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	3	1	1	5	116	
Deep hole tests -- number of holes	11	30	13	54	230	
Percolation tests -- number of holes	1	3	3	7	45	
Permits issued, new			1	1	5	
Permits issued, repair	3		3	6	44	
Site plans reviewed	5	6	3	14	70	
Public Health Reviews	5	8	12	25	105	
<i>Wells</i>						
Well sites inspected				0	9	
Well permits issued	1	5	2	8	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other			1	1	4	
<i>Food Protection</i>						
Inspections	6	9	4	19	150	
Reinspections		1		1	23	
Temporary permits	1	3	5	9	20	
Temporary inspections				0	1	
Plan reviews				0	1	
Pre-operational inspections				0	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

## MANSFIELD QUARTERLY REPORT

January 1, 2022 - March 31, 2022

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection		1	2	3	4	
Housing Issues	2	1	1	4	14	
Emergency Response			1	1	3	
Refuse/Garbage				0	5	
Rodents/Insects				0	0	
Septic/Sewage	1			1	5	
Other			1	1	1	
Water Quality				0	1	
COVID-19	2			2	2	
<b>Total</b>	<b>5</b>	<b>2</b>	<b>5</b>	<b>12</b>	<b>35</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care		3		3	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	3	7	16	36	116	
Deep hole tests -- number of holes	6	9	21	10	230	
Percolation tests -- number of holes	2	2	6	1	45	
Permits issued, new		1		1	5	
Permits issued, repair	1	2	5	8	44	
Site plans reviewed	1	1	4	6	70	
Public Health Reviews	3	6	8	17	105	
<i>Wells</i>						
Well sites inspected				0	9	
Well permits issued			1	1	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections	20	28	15	63	150	
Reinspections	5		4	9	23	
Temporary permits			1	1	20	
Temporary inspections				0	1	
Plan reviews				0	1	
Pre-operational inspections		2		2	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

**SCOTLAND QUARTERLY REPORT**

January 1, 2022 - March 31, 2022

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	4	
Housing Issues	1			1	14	
Emergency Response				0	3	
Refuse/Garbage				0	5	
Rodents/Insects				0	0	
Septic/Sewage				0	5	
Other				0	1	
Water Quality				0	1	
COVID-19				0	2	
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>35</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	1		1	2	116	
Deep hole tests -- number of holes				0	230	
Percolation tests -- number of holes				0	45	
Permits issued, new				0	5	
Permits issued, repair			1	1	44	
Site plans reviewed			1	1	70	
Public Health Reviews	1		1	2	105	
<i>Wells</i>						
Well sites inspected			1	1	9	
Well permits issued			1	1	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections		1		1	150	
Reinspections				0	23	
Temporary permits				0	20	
Temporary inspections				0	1	
Plan reviews				0	1	
Pre-operational inspections				0	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

## TOLLAND QUARTERLY REPORT

January 1, 2022 - March 31, 2022

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection			1	1	4	
Housing Issues			1	1	14	
Emergency Response			1	1	3	
Refuse/Garbage				0	5	
Rodents/Insects				0	0	
Septic/Sewage				0	5	
Other				0	1	
Water Quality				0	1	
COVID-19				0	2	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>35</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care			1	1	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	7	6	8	21	116	
Deep hole tests -- number of holes	18	3	15	36	230	
Percolation tests -- number of holes	3	1	4	8	45	
Permits issued, new				0	5	
Permits issued, repair	2	1		3	44	
Site plans reviewed	2	2	5	9	70	
Public Health Reviews	6	6	11	23	105	
<i>Wells</i>						
Well sites inspected		2	1	3	9	
Well permits issued	3	2		5	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections	6	8	7	21	150	
Reinspections		2	3	5	23	
Temporary permits		1	1	2	20	
Temporary inspections				0	1	
Plan reviews	1			1	1	
Pre-operational inspections			1	1	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

**WILLINGTON QUARTERLY REPORT**

January 1, 2022 - March 31, 2022

Activity Indicators						
	January	February	March	Total	District Total	
<b>ENVIRONMENTAL HEALTH ACTIVITIES</b>						
<i>Complaints</i>						
Air Quality				0	0	
Animals/Animal Waste				0	0	
Activity Without Proper Permits				0	0	
Food Protection				0	4	
Housing Issues			1	1	14	
Emergency Response			1	1	3	
Refuse/Garbage				0	5	
Rodents/Insects				0	0	
Septic/Sewage	1		3	4	5	
Other				0	1	
Water Quality		1		1	1	
COVID-19				0	2	
<b>Total</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>7</b>	<b>35</b>	
<i>Health Inspection</i>						
Group homes				0	0	
Day Care				0	6	
Camps				0	0	
Public Pool				0	0	
Other				0	0	
Schools				0	0	
Mortgage, FHA, VA				0	0	
Bathing Areas				0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	
<i>On-site Sewage Disposal</i>						
Site inspection -- all site visits	3	5	3	11	116	
Deep hole tests -- number of holes	3	3	25	31	230	
Percolation tests -- number of holes	1	1	7	9	45	
Permits issued, new			1	1	5	
Permits issued, repair	2	2	4	8	44	
Site plans reviewed	4		7	11	70	
Public Health Reviews		2	3	5	105	
<i>Wells</i>						
Well sites inspected	1		1	2	9	
Well permits issued	1			1	21	
<i>Laboratory Activities (samples taken)</i>						
Potable water				0	0	
Surface water				0	0	
Ground water				0	0	
Rabies				0	0	
Lead				0	0	
Other				0	4	
<i>Food Protection</i>						
Inspections	2		9	11	150	
Reinspections	1	1		2	23	
Temporary permits			1	1	20	
Temporary inspections				0	1	
Plan reviews				0	1	
Pre-operational inspections				0	3	
<i>Lead Activities</i>						
Housing inspection				0	0	
Abate plan reviewed				0	0	
<b>MISCELLANEOUS ACTIVITIES</b>						
Planning and Zoning referrals				0	0	
Subdivision reviewed (per lot)				0	0	

**Eastern Highlands Health District  
Community Health and Wellness Coordinator  
3rd Quarter Report January 1, 2022 –March 31, 2022**

Programs and services provided through the EHHD Community Health and Wellness Coordinator efforts were extended to minimally **1,196 individuals in member towns** this quarter primarily through the *Be Well* newsletter and additional activities provided this quarter.

Action Item	Progress this quarter	Outcome
<b>1b (1)</b> Refine/update grant monitoring network	Did not find any grants during this period.	The CHWC will look for opportunities for grants for EHHD and will work with CHART to explore opportunities.
<b>1g (1)</b> Explore and expand partnership opportunities	The CHWC attended 1 meetings of the UCONN Bike Friendly Campus group. CHWC is part of the Immunization Coalition and attended 3 meetings. The CHWC attended 1 quarterly meeting of the Coventry Worker’s Safety and Wellness meeting.  CHWC in partnership with CTDPH applied for free radon test kits from and received 50 kits 11/2021. 29 Kits were distributed.	CHWC provided feedback to the meetings.  CHWC continues to provide these kits to residents along with information and f/u. the program runs through 04/2022
<b>2a (2)</b> Effective communication of health district programs and news with staff and member towns officials	Updated bulletin boards were provided to Tolland and Mansfield Town Hall buildings.  CHWC continues to produce quarterly newsletters.  CHWC oversees the COVID-19 clinical staff and volunteers for vaccination clinics.  CHWC is a voting member of the Chaplin School Readiness Committee and participated in 2 meetings and provided feedback	Bulletin boards with health and safety messages were updated.  Topics included: Physical activity information, Healthy Communities information, radon and the importance of radon testing, and COVID-19 safety.  Newsletters are distributed to member town officials, Be Well Tolland members and residents.

	and vote for the upcoming year's application.	
<b>3c (1)</b> Engage in advocacy events and activities	CHWC is a source public for COVID-19 information.	CHWC will continue to explore ways to support community events
<b>Childhood Lead Activities</b>	CHWC continues to monitor the DPH lead surveillance system (MAVEN) and contact families, medical providers, labs, and DPH as necessary to support the monitoring of elevated lead in resident children.	There were 10 cases followed in this reporting period. 4 events were closed. 8 phone calls were made to families and providers. 5 correspondences completed to families.
<b>Communicable Disease Control</b>	CHWC interviews and follow-up as needed for enteric diseases. Documenting and faxing information to DPH as necessary.	CHWC conducted contact tracing on Covid-19 cases/contacts. CHWC interviewed 2 people for enteric diseases.
<b>CHWC Training and Continued Education</b>	CHWC completed 2 hours of "TB Patient-centered Care" training 03/30/2022	CHWC will continue to explore opportunities to participate in continuing education when appropriate
<b>Vaccine Program</b>	CHWC attended 3 monthly meetings of the Immunization Coalition. CHWC is part of the organizing committee for the Fall Flu Conference and participated in 1 meeting towards this end. EHHD performed biweekly vaccine clinics one for adults and one for children. EHHD provided a pediatric vaccine clinic at Coventry Lake on 02/14/2022 and a 2 <sup>nd</sup> dose clinic 03/07/2022 9 children were vaccinated. At the 01/26/22 McDonalds clinic 14 people were vaccinated.	CHWC will continue to maintain and update the vaccine program and will attend the Immunization Coalition meetings. CHWC will participate in regional meetings to coordinate mass vaccination. CHWC will continue to coordinate COVID-19 vaccination.



## **Emergency Preparedness/Response**

CHWC continues to provide information to the MRC volunteers and on-boarded new volunteers via the CTResponds system. In total, in this reporting period there are 192 volunteers. CHWC provided telephone support to residents and stakeholders about COVID-19, including schools. CHWC continues to support contact tracing for COVID-19 cases. CHWC also provides important information to the Covid-19 Project Staffer to circulate on social media and on EHHD bulletin boards.

CHWC trains clinic staff and supervises clinical operations. EHHD performs biweekly vaccination clinics in Mansfield. During this quarter, there were **3 pop-up clinic, First and 2<sup>nd</sup> dose clinics at Coventry Lake and a clinic at McDonalds in Mansfield. The Coventry Lake clinics had a total of 9 doses and McDonalds's had 14 doses administered. The total number of doses administered during this quarter was 240.** CHWC sends emails to MRC volunteers to staff the upcoming clinics and then assigns the volunteers to the clinics. CHWC submits the MRC activation paperwork for the MRC and follows up with the final rosters. CHWC keeps standing orders updated with the Medical Director. CHWC continues to attend Region 4 MRC mass vaccination and MRC planning meetings units and to maintain the National MRC activity log.

## **Employee Wellness Programs**

Activities to meet contract deliverables for the current employer groups (Town of Tolland) continue as planned.

### **Tolland**

The CHWC presented the Quarterly Educational Event 03/24/2022, "Heart Health", for the Tolland Town employees, 9 people attended in person and an online version was posted to the Be Well website for people unable to attend. CHWC research and helped to set up a health risk assessment on-line for the Be Well participants. CHWC procured a contract for a HRA with Global Metrics ([EHHD BE WELL](#)) for the Tolland employees.

## **Preventive Health Block Grant**

CHWC attended 1 UCONN Bike Friendly campus meetings and provided support and feedback towards the goal of making campus and the surrounding area more bike friendly. The CHWC sent out the Spring Quarterly Buzz the first week of April. CHWC delivered 11 No Tobacco in Parks signs to towns ([list](#))

## **Community Outreach**

CHWC provided information to individuals and stakeholders regarding COVID-19 in phone calls and emails. CHWC participated in 1 meetings of the UCONN Bike Friendly University meetings. CHWC participated in 1 meeting of the Coventry Safety and Wellness Committee.

CHWC attended 1 meeting of the Chaplin School Readiness program and provided feedback and voting for the new members and for the upcoming year's application.

Date	Description	# served	Community
<a href="#">Spring 2022.</a>	Employee Wellness Newsletter (UConn) 191	191	UConn
<a href="#">Spring 2022</a>	Employee Wellness Newsletter 60	60	Andover
Spring 2022	Employee Wellness Newsletter 60	60	Ashford
Spring 2022	Employee Wellness Newsletter 200	200	Bolton
Spring 2022	Employee Wellness Newsletter 30	30	Chaplin
Spring 2022	Employee Wellness Newsletter 60	60	Columbia
Spring 2022	Employee Wellness Newsletter 60	60	Coventry
Spring 2022	Employee Wellness Newsletter 60	60	Scotland
Spring 2022	Employee Wellness Newsletter 430	435	Tolland
Spring 2022	Employee Wellness Newsletter 40	40	Willington
Meetings/events		Number of meetings	
Immunization Coalition	Monthly meeting with: DPH, American Lung Association, LHDs, vaccine makers and others stakeholders to improve vaccination rates in CT	3	
Region 4 MRC	Monthly meetings to discuss MRC volunteer training, deployments, and pandemic response.	1	
UCONN Bike Friendly Campus	UCONN staff and students along with other stakeholders working on improving biking on UCONN campus. The goal of the group is to obtain the League of American Bicyclists Bike Friendly Status.	1	
R-4 ESF 8 meeting	Region 4 emergency response meeting	0	
Bolton Health and Wellness		0	
Coventry Safety and Wellness		1	
Chaplin School Readiness Program		2	



# News Release

FOR IMMEDIATE RELEASE: June 7, 2022  
 CONTACT: Chris Boyle, Director of Communications  
 (860) 706-9654 – [christopher.boyle@ct.gov](mailto:christopher.boyle@ct.gov)

## Connecticut Department Of Public Health Confirms Year's Second Case Of Powassan Virus

HARTFORD, Conn.—The Connecticut Department of Public Health today announced that a Connecticut resident has tested positive for Powassan virus infection (POWV). This is the second case of POWV associated illness identified in Connecticut in 2022. From 2017 to 2021, 12 cases of POWV associated illness were reported in Connecticut, including three in 2021. Of those 12 cases between 2017 and 2021, two were fatal. This second case of 2022 is the first fatality from POWV this year.

The female patient—age 90 to 99—lived in New London County and became ill in early May. The patient was admitted to a local hospital with fever, altered mental status, headache, chills, rigors, chest pain and nausea. The patient's condition worsened, and she became unresponsive over the next two weeks. The patient died on May 17. The patient did have a known tick bite which was removed two weeks prior to the onset of symptoms. Laboratory tests performed at the Centers for Disease Control and Prevention Laboratory in Ft. Collins, CO, confirmed the presence of antibodies to POWV.

The first patient diagnosed with POWV this year was a male—age 50 to 59—and a resident of Windham County who became ill in late March. The patient was hospitalized with a central nervous system disease and had a known tick bite. The patient was discharged from the hospital and recovered at home.

"This incident reminds us that residents need to take actions to prevent tick bites now through the late fall," said DPH Commissioner Manisha Juthani, MD. "DPH stresses the use of insect repellent this summer and avoiding high-risk areas, such as tall grass, where ticks may be found. It's also important to check carefully for ticks after being outside which can reduce the chance of you and your family members being infected with this dangerous virus."

Commissioner Juthani added that POWV is usually spread through the bite of an infected black-legged or deer tick. It takes a week to one month after the bite from an infected tick to develop symptoms of POWV disease, and the virus can be transmitted in as little as 15 minutes after the tick first attaches.

(more)

While most people infected with POWV likely experience no symptoms or a mild flu-like illness, some people will develop severe illness affecting the central nervous system. About one out of 10 cases of severe illness are fatal and approximately half of survivors experience long-term health problems.

Severe cases may begin with fever, vomiting, headache, or weakness and rapidly progress to confusion, loss of coordination, difficulty speaking, or seizures. There is no vaccine nor a specific treatment for POWV associated illness. Severe illness is treated by supportive therapy which may include hospitalization, respiratory support, and hydration.

### **Tips for preventing tick bites**

- Avoid areas where ticks are likely to be, such as in in grassy, brushy, or wooded areas. Ticks are most active from spring to fall but may also be active on warmer days during winter.
- Consider the use of CDC-recommended mosquito repellents containing DEET, picaridin, oil of lemon eucalyptus, IR3535, or 2-undecanone, and apply according to directions, when outdoors.
- Check yourself and your children for ticks immediately after coming indoors. Showering within two hours of coming indoors may be effective in reducing the risk of tick-borne disease.
- Examine clothing, gear, and pets carefully after coming indoors. Tumble dry clothing for 10 minutes to kill ticks that were carried inside.
- Talk to your veterinarian about the best tick prevention products for your dog.
- Consider treating items such as boots, clothing, and hiking or camping gear with products containing 0.5 percent permethrin.

For information on Powassan virus and how to prevent tick bites, visit

<https://www.cdc.gov/powassan/index.html>



# News Release

12

FOR IMMEDIATE RELEASE: May 4, 2022

CONTACT: Chris Boyle, Director of Communications  
(860) 706-9654 – [christopher.boyle@ct.gov](mailto:christopher.boyle@ct.gov)

## Connecticut Department Of Public Health Confirms Year's First Case Of Powassan Virus

HARTFORD, Conn.—The Connecticut Department of Public Health today announced that a Connecticut resident has tested positive for Powassan virus infection. This is the first case of POWV associated illness identified in Connecticut in 2022. From 2017 to 2021, 12 cases of POWV associated illness were reported in Connecticut, including three in 2021. Of those 12 cases between 2017 and 2021, two were fatal.

The male patient—age 50 to 59—is a resident of Windham and became ill during the fourth week of March. Laboratory tests performed at the Centers for Disease Control and Prevention Laboratory in Ft. Collins, Colorado, confirmed the presence of antibodies to POWV. The patient was hospitalized with a central nervous system disease and had a known tick bite. The patient has been discharged and is recovering at home.

"The identification of a Connecticut resident with Powassan virus associated illness emphasizes the need to take actions to prevent tick bites from now through the late fall," said DPH Commissioner Manisha Juthani, MD. "Using insect repellent, avoiding areas where ticks are likely, and checking carefully for ticks after being outside can reduce the chance of you or your children being infected with this virus."

Commissioner Juthani added that POWV is usually spread through the bite of an infected black-legged or deer tick. It takes a week to one month after the bite from an infected tick to develop symptoms of POWV disease, and the virus can be transmitted in as little as 15 minutes after the tick first attaches.

While most people infected with POWV likely experience no symptoms or a mild flu-like illness, some people will develop severe illness affecting the central nervous system. About one out of 10 cases of severe illness are fatal and approximately half of survivors experience long-term health problems. Severe cases may begin with fever, vomiting, headache, or weakness and rapidly progress to confusion, loss of coordination, difficulty speaking, or seizures. There is no vaccine nor a specific treatment for POWV associated illness. Severe illness is treated by supportive therapy which may include hospitalization, respiratory support, and hydration.

(more)

### **Tips for preventing tick bites**

- Avoid areas where ticks are likely to be, such as in in grassy, brushy, or wooded areas. Ticks are active from spring to fall and may also be active on warmer days during winter.
- Consider the use of CDC-recommended mosquito repellents, containing DEET, picaridin, oil of lemon eucalyptus, IR3535, or 2-undecanone, and apply according to directions, when outdoors.
- Check yourself and your children for ticks immediately after coming indoors. Showering within two hours of coming indoors may be effective in reducing the risk of tick-borne disease.
- Examine clothing, gear, and pets carefully after coming indoors. Tumble dry clothing for 10 minutes to kill ticks that were carried inside.
- Talk to your veterinarian about the best tick prevention products for your dog.
- Consider treating items such as boots, clothing, and hiking or camping gear with products containing 0.5 percent permethrin.

For information on Powassan virus and how to prevent tick bites, visit

<https://www.cdc.gov/powassan/index.html>

**Robert L. Miller**

**From:** Governor Lamont's Office <lamont.news@ct.gov>  
**Sent:** Monday, June 6, 2022 2:35 PM  
**To:** Robert L. Miller  
**Subject:** Governor Lamont Announces U.S. Census Bureau Approves Proposal for Connecticut's Planning Regions To Become County Equivalents

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

[Web Version](#)

## **Governor Lamont Announces U.S. Census Bureau Approves Proposal for Connecticut's Planning Regions To Become County Equivalents**

Posted on June 6, 2022

(HARTFORD, CT) – Governor Ned Lamont today announced that the United States Census Bureau has approved a request from the State of Connecticut to adopt the state's nine planning regions as county-equivalent geographic units to collect, tabulate, and disseminate census data.

Each planning region is represented by a council of government (COG), comprising the mayors and first selectmen of the member municipalities, which meet regularly to plan, coordinate, and act on matters of mutual interest. The Connecticut Office of Policy and Management (OPM) requested this change on behalf of the COGs in 2017.

"This is a positive change that will benefit all of Connecticut's cities and towns to ensure that census data and products are provided in a way that more accurately reflects how the state functions today," **Governor Lamont said**. "Connecticut has had non-functioning counties since 1960. I want to thank OPM and the COGs for their partnership to bring about this change."

"There will be no significant impact on how state or local governments are run because of this change, however by ensuring that future census data and products are published along planning region boundaries, town leaders will be in a stronger position to coordinate regionally on matters such as procurement of goods and services, public safety, education, health, transportation, tourism, and other shared issues," **OPM Secretary Jeffrey Beckham said**.

The Census Bureau will implement this change internally in 2022, with public data and geospatial products reflecting the change beginning near the end of the year. By 2024, all Census Bureau operations and publications, both internal and external, will use the nine new planning region boundaries, names, and codes, except for 2020 decennial census data publications and other datasets referencing the eight legacy counties as published before June 1, 2022.

Connecticut's nine planning regions include:

- Capitol
- Greater Bridgeport
- Lower Connecticut River Valley
- Naugatuck Valley
- Northeastern Connecticut
- Northwest Hills
- South Central Connecticut
- Southeastern Connecticut
- Western Connecticut

**\*\*On the Web:**

- [Final notice from the U.S. Census Bureau approving Connecticut's request on nine planning regions](#)
- [View Connecticut's nine planning regions](#)

[Read on CT.gov](#)

State Capitol  
210 Capitol Avenue  
Hartford, CT 06106

[Facebook](#) | [Twitter](#) | [Instagram](#) | [YouTube](#)



You're receiving this email because you opted in to receive notices from the Office of the Governor.

[Edit your subscription](#)  
[Unsubscribe instantly](#)



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

14

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

Environmental Health and Drinking Water Branch

DWS Circular Letter #2022-27

To: Community, Non-Transient Non-Community Public Water Systems and Certified Operators

From: Lori J. Mathieu, Public Health Branch Chief *Lori J. Mathieu '22*

Date: June 1, 2022

Subject: Environmental Health and Drinking Water Branch Update for Public Water Systems regarding Per- and Polyfluoroalkyl Substances (PFAS)

The Connecticut Interagency PFAS Task Force PFAS Action Plan provided recommendations to state agencies in addressing PFAS impacts in four specific areas: Human Health, Pollution Prevention, Remediation and Communication. One of the key recommendations in area of human health is: "Continue to monitor new research and modify health-based guidelines as warranted."

Since the Task Force delivered the PFAS Action Plan to Governor Lamont, the DPH Environmental Health and Drinking Water Branch has been evaluating the most recent toxicological studies and anticipates lowering the Drinking Water Action Level (DWAL) for PFAS this summer to better align with current science and other northeastern states that have adopted or are considering adopting guidelines for PFAS.

In conjunction with the DWAL update, the Drinking Water Section (DWS) is renewing the recommendation to all public water systems to test the water delivered to their customers for the PFAS that can be analyzed using EPA Method 537.1. The DWS also highly recommends that public water systems test their source water prior to treatment. These recommendations are consistent with the recommendation contained in Circular Letter 2018-20 which was sent to all Community Public Water Systems serving over 1,000 people. Voluntary sampling by some public water systems has shown that treatment installed for other purposes may also partially remove PFAS with unknown impacts to removal efficiency for both the target contaminant and PFAS. The DWS requests that public water systems share sample results through the Compliance Monitoring Data Portal, or via email to [DPH.EmergingContaminants@ct.gov](mailto:DPH.EmergingContaminants@ct.gov).



Phone: (860) 509-7333 • Fax: (860) 509-7356  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



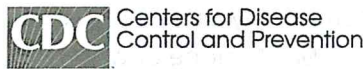
Circular Letter 2022-27

June 1, 2022

Page 2 of 2

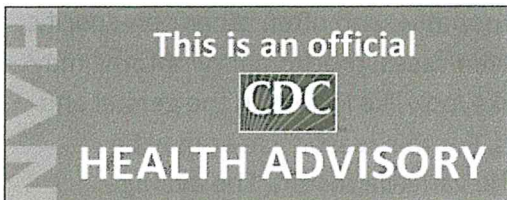
For more information on PFAS, you may visit DPH's new [PFAS Frequently Asked Questions](#) webpage. If you have any questions regarding this Circular Letter, please contact Pat Bisacky at 860-509-7356 or email the Emerging contaminants Unit at [DPH.EmergingContaminants@ct.gov](mailto:DPH.EmergingContaminants@ct.gov).

C: Heather Aaron, Deputy Commissioner, DPH  
Municipal Chief Elected Officials  
Executive Directors of the Councils of Government  
Local Directors of Health  
Jane Downing, USEPA Region 1  
Margaret Harvey, Epidemiologist 4, Environmental and Occupational Health Assessment Program, DPH EHS  
Ryan Tetreault, Supervising Environmental Analyst, Private Well Program  
Graham Stevens, Raymond Frigon, Shannon Pociu, Department of Energy and Environmental Protection  
John W. Betkoski, III, CTDEEP Public Utilities Regulatory Authority, Chairman Water Planning Council  
Certified Environmental Laboratories



15

# Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022



Distributed via the CDC Health Alert Network

May 20, 2022, 11:30 AM ET

CDCHAN-00466

## Summary

The Massachusetts Department of Public Health and the Centers for Disease Control and Prevention (CDC) are investigating a confirmed case of monkeypox in the United States. On May 17, 2022, skin lesions that had several features suspicious for monkeypox—firm, well circumscribed, deep-seated, and umbilicated lesions—on a Massachusetts resident prompted specialized Laboratory Response Network (LRN) testing of swab specimens collected from the resident; preliminary testing confirmed the presence of DNA consistent with an orthopoxvirus using Orthopoxvirus generic and non-variola Orthopoxvirus real-time polymerase chain reaction (PCR) assays. This group of viruses includes monkeypox virus (the causative agent of monkeypox). Testing at CDC on May 18 confirmed the patient was infected with a West African strain of monkeypox virus. The patient is currently isolated and does not pose a risk to the public.

Cases of monkeypox have previously been identified in travelers from, or residents of, West African or Central African countries where monkeypox is considered to be endemic. CDC is issuing this Health Alert Network (HAN) Health Advisory to ask clinicians in the United States to be vigilant to the characteristic rash associated with monkeypox. Suspicion for monkeypox should be heightened if the rash occurs in people who 1) traveled to countries with recently confirmed cases of monkeypox, 2) report having had contact with a person or people who have a similar appearing rash or received a diagnosis of confirmed or suspected monkeypox, or 3) is a man who regularly has close or intimate in-person contact with other men, including those met through an online website, digital application (“app”), or at a bar or party. Lesions may be disseminated or located on the genital or perianal area alone. Some patients may present with proctitis, and their illness could be clinically confused with a sexually transmitted infection (STI) like syphilis or herpes, or with varicella zoster virus infection.

## Background

Since May 14, 2022, clusters of monkeypox cases, have been reported in several countries that don’t normally have monkeypox. Although previous cases outside of Africa have been associated with travel from Nigeria, most of the recent cases do not have direct travel-associated exposure risks. The United Kingdom Health Security Agency (UKHSA) was the first to announce on May 7, 2022, identification of a recent U.K. case that occurred in a traveler returning from Nigeria.

On May 14, 2022, UKHSA announced an unrelated cluster of monkeypox cases in two people living in the same household who have no history of recent travel. On May 16, 2022, UKHSA announced a third temporally clustered group of cases involving four people who self-identify as gay, bisexual, or men who have sex with men (MSM), none of whom have links to the three previously diagnosed patients. Some evidence suggests that cases among MSM may be epidemiologically linked; the patients in this cluster were identified at sexual health clinics. This is an evolving investigation and public health authorities hope to learn more about routes of exposure in the coming days.

Monkeypox is a zoonotic infection endemic to several Central and West African countries. The wild animal reservoir is unknown. Before May 2022, cases outside of Africa were reported either among people with recent travel to Nigeria or contact with a person with a confirmed monkeypox virus infection. However, in May 2022, nine patients were confirmed with monkeypox in England; six were among persons without a history of travel to Africa and the source of these infections is unknown.

Monkeypox disease symptoms always involve the characteristic rash, regardless of whether there is disseminated rash. Historically, the rash has been preceded by a prodrome including fever, lymphadenopathy, and often other non-specific symptoms such as malaise, headache, and muscle aches. In the most recent reported cases, prodromal symptoms may not have always occurred; some recent cases have begun with characteristic, monkeypox-like lesions in the genital and perianal region, in the absence of subjective fever and other prodromal symptoms. For this reason, cases may be confused with more commonly seen infections (e.g., syphilis, chancroid, herpes, and varicella zoster). The average incubation period for symptom onset is 5–13 days.

The typical monkeypox lesions involve the following: deep-seated and well-circumscribed lesions, often with central umbilication; and lesion progression through specific sequential stages—macules, papules, vesicles, pustules, and scabs. Synchronized progression occurs on specific anatomic sites with lesions in each stage of development for at least 1–2 days. The scabs eventually fall off<sup>1</sup>. Lesions can occur on the palms and soles, and when generalized, the rash is very similar to that of smallpox including a centrifugal distribution. Monkeypox can occur concurrently with other rash illnesses, including varicella-zoster virus and herpes simplex virus infections. Case fatality for monkeypox is reported to range between 1 and 11%. Confirmatory laboratory diagnostic testing for monkeypox is performed using real-time polymerase chain reaction assay on lesion-derived specimens.

A person is considered infectious from the onset of symptoms and is presumed to remain infectious until lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath. Human-to-human transmission occurs through large respiratory droplets and by direct contact with body fluids or lesion material. Respiratory droplets generally cannot travel more than a few feet, so prolonged face-to-face contact is required. Indirect contact with lesion material through fomites has also been documented. Animal-to-human transmission may occur through a bite or scratch, preparation of wild game, and direct or indirect contact with body fluids or lesion material.

There is no specific treatment for monkeypox virus infection, although antivirals developed for use in patients with smallpox may prove beneficial<sup>2</sup>. Persons with direct contact (e.g., exposure to the skin, crusts, bodily fluids, or other materials) or indirect contact (e.g., presence within a six-foot radius in the absence of an N95 or filtering respirator for ≥3 hours) with a patient with monkeypox should be monitored by health departments; depending on their level of risk, some persons may be candidates for post-exposure prophylaxis with smallpox vaccine under an Investigational New Drug protocol after consultation with public health authorities.

## Recommendations for Clinicians

- If clinicians identify patients with a rash that could be consistent with monkeypox, especially those with a recent travel history to a country where monkeypox has been reported, monkeypox should be considered as a possible

diagnosis. The rash associated with monkeypox involves vesicles or pustules that are deep-seated, firm or hard, and well-circumscribed; the lesions may umbilicate or become confluent and progress over time to scabs. Presenting symptoms typically include fever, chills, the distinctive rash, or new lymphadenopathy; however, onset of perianal or genital lesions in the absence of subjective fever has been reported. The rash associated with monkeypox can be confused with other diseases that are more commonly encountered in clinical practice (e.g., secondary syphilis, herpes, chancroid, and varicella zoster). However, a high index of suspicion for monkeypox is warranted when evaluating people with the characteristic rash, particularly for the following groups: men who report sexual contact with other men and who present with lesions in the genital/perianal area, people reporting a significant travel history in the month before illness onset or people reporting contact with people who have a similar rash or have received a diagnosis of suspected or confirmed monkeypox.

- Information on infection prevention and control in healthcare settings is provided on the CDC website: [Infection Control: Hospital | Monkeypox | Poxvirus | CDC](#). CDC is currently reviewing this information to consider the need for updates.
- Clinicians should consult their state health department (State Contacts [↗](#)) if they suspect monkeypox; if the health department cannot be reached, CDC can be contacted through the CDC Emergency Operations Center (770-488-7100) as soon as monkeypox is suspected.
  - All specimens should be sent through the state and territorial public health department, unless authorized to send them directly to CDC.

## Recommendations for Health Departments

- If monkeypox is suspected, CDC should be consulted through the CDC Emergency Operations Center (770-488-7100).
  - Appropriately collected samples can be sent to CDC or an appropriate Laboratory Response Network laboratory for testing by PCR.
- Laboratory Response Network laboratories can provide orthopoxvirus testing on lesion specimens that clinicians obtain from suspected patients; confirmatory monkeypox virus-specific testing at CDC requires a dry lesion swab specimen. Collect multiple specimens for preliminary and confirmatory testing as follows: 1) Vigorously swab or brush lesion with two separate sterile dry polyester or Dacron swabs; 2) Break off end of applicator of each swab into a 1.5- or 2-mL screw-capped tube with O-ring or place each entire swab in a separate sterile container. Do not add or store in viral or universal transport media.
- After diagnosis of monkeypox, begin contact tracing of individuals who may have been exposed to the patient while the patient was symptomatic. Contacts should be monitored for 21 days after their last date of contact with the patient.
- Share this HAN Health Advisory with relevant healthcare provider networks, including STI clinics that may not always receive CDC HAN messages.

## Recommendations for the Public

- Based on limited information available at this time, risk to the public appears low. Some people who may have symptoms of monkeypox, such as characteristic rashes or lesions, should contact their healthcare provider for a risk assessment. This includes anyone who 1) traveled to countries where monkeypox cases have been reported 2) reports contact with a person who has a similar rash or received a diagnosis of confirmed or suspected monkeypox, or 3) is a man who has had close or intimate in-person contact with other men in the past month, including through an online website, digital application (“app”), or at a bar or party.

## For More Information

- Contact your state or local health department if you have any questions or suspect a patient may have monkeypox.
- CDC Poxvirus and Rabies Branch: [poxvirus@cdc.gov](mailto:poxvirus@cdc.gov) or for issues that cannot be resolved through emails, CDC's 24/7 Emergency Operations Center (EOC): 770-488-7100 or CDC-INFO (1-800-232-4636)

## References

<sup>1</sup> Clinical Recognition of Monkeypox

<sup>2</sup> Antivirals

---

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.*

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

---

### HAN Message Types

- **Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.
- **Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.
- **Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.
- **Info Service:** Provides general information that is not necessarily considered to be of an emergent nature.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

Top of Page

### Additional Resources

- [HAN Archive By Year](#)
- [HAN Types](#)
- [Sign Up for HAN Email Updates](#)
- [HAN Jurisdictions](#)

**Robert L. Miller**

---

**From:** Robert L. Miller  
**Sent:** Monday, May 16, 2022 1:47 PM  
**To:** 'Bolton Superintendent'; 'bruneauv@andoverelementaryct.org'; 'Chaplin Superintendent'; 'Charlene Petrone (cpetrone@scotlandes.org)'; 'Columbia Superintendent'; 'Coventry Superintendent'; 'Craig Creller (ccreller@ashfordct.org)'; 'Hans Christian Anderson Preschool Regina Kiser'; Kelly M. Lyman; Carol Lavigne; 'Oak Grove Montessori - Jo Ann Aitken'; 'Scotland Elementary Principal'; 'Scotland Superintendent - Town of Scotland (vbruneau@scotlandes.org)'; Sharon Cournoyer; 'Tolland Superintendent'; 'Wilmington Center School'  
**Cc:** Cecile C. Serazo; Ande Bloom; Millie C. Brosseau; John Elsesser  
**Subject:** FW: EHHD COVID-19 Report 5-13-22  
**Attachments:** PreK-12\_Guidance-for-Mask-Decisions\_School-Districts\_02182022\_FINAL.PDF; EHHD Outbreak-Increase in Cases Response Guidance.docx

Greeting School Superintendents – With the change to the “High” level of COVID-19 impact to our communities, as measured by the CDC, there are a few items I wish to highlight, and provide as way of a reminder.

With the end of the school year events and activities in full swing it is important to stay vigilant with early detection and isolation of symptomatic students, and staff; and, quick response to identified clusters of COVID-19 cases. Given the current prevalence of COVID-19 case in our communities it is reasonable to expect to observe such clusters, or school associated COVID-19 case count increases subsequent to such events. With this in mind and for your reference I am re-distributing the following guidance documents:

- “Transitioning to a Model of Routine Respiratory Disease Prevention and Enhanced Outbreak Management and Control for COVID-19 PreK-12 School Settings”
- “Eastern Highlands Health District (EHHD), COVID-19 Outbreak/Case Increase Response Guidance for School Districts”

I and my staff of course remain available at any time to consult and support your efforts to protect the school community.

Yours in health,  
 Rob

*Robert L. Miller, MPH, RS*  
 Director of Health  
 Eastern Highlands Health District  
 4 South Eagleville Road  
 Storrs, CT 06268  
 860-429-3325  
 860-429-3321 (Fax)  
 Twitter: @RobMillerMPH  
[www.ehhd.org](http://www.ehhd.org)

**In order to prevent the spread of COVID-19, please maintain social distancing of at least 6 feet, avoid crowds, wash hands frequently with soap and water for 20 seconds, stay home if you’re sick. For the most current updates and recommendations, visit [ct.gov/coronavirus](http://ct.gov/coronavirus). For general questions, call 2-1-1**

This is an official  
**CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
April 29, 2022, 8:00 PM ET  
CDCHAN-0464

## **Highly Pathogenic Avian Influenza A(H5N1) Virus: Recommendations for Human Health Investigations and Response**

### **Summary**

A person has tested positive for avian influenza A(H5) virus (H5 bird flu) in the U.S., as confirmed by the Centers for Disease Control and Prevention (CDC) and reported by the Colorado Department of Public Health and Environment on April 28, 2022. This case occurred in a person who had direct exposure to poultry and who was involved in the culling (depopulating) of poultry with presumptive H5N1 bird flu.

Starting in January, the U.S. Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS) detected highly pathogenic avian influenza (HPAI) A(H5N1) virus in wild birds in the United States followed by multiple detections in U.S. commercial poultry and backyard bird flocks [1,2]. Detection of A(H5) virus in one person who was involved in culling of poultry does not change the human health risk assessment, which remains low for the general public. People with work or recreational exposures to infected birds are at greater risk of infection and should follow recommended precautions. The purpose of this HAN Health Advisory is to notify public health workers, clinicians, and the public of the potential for human infection with this virus and to describe the CDC's recommendations for patient investigation and testing, infection control including the use of personal protective equipment, and antiviral treatment and prophylaxis.

### **Background**

During January 13, 2022, through April 27, 2022, USDA APHIS reported more than 899 detections of wild birds infected with HPAI A(H5N1) virus in 33 states [1]. On February 9, 2022, USDA APHIS confirmed the first outbreak of HPAI A(H5N1) virus in a commercial turkey flock in Indiana [2]. Since then, APHIS has identified 247 HPAI A(H5N1) outbreaks among commercial poultry or backyard bird flocks in 29 states involving more than 35 million birds.

On April 20, 2022, an adult in Colorado developed fatigue following exposure to presumptive H5N1 virus-infected poultry while participating in poultry depopulation activities during April 18-22, 2022. The individual, who does not have any known chronic medical conditions, reported wearing recommended personal protective equipment although compliance with recommended eye protection was unclear. An upper respiratory tract specimen was collected from the individual on April 20, 2022. The specimen arrived at and was tested at the Colorado Department of Public Health and Environment Laboratory Services on April 25, 2022; reverse transcription-polymerase chain reaction (RT-PCR) analysis indicated it was positive for influenza A virus but negative for contemporary seasonal human H1pdm09 and H3 influenza A virus subtypes. The specimen was forwarded to the Influenza Division of the Centers for Disease Control and Prevention (CDC) for further testing, was received at CDC on April 27, 2022, and confirmed as influenza A(H5) virus using RT-PCR the same day. The A(H5)-positive individual did not report any other symptoms and their fatigue resolved after 3 days; the individual returned to their baseline health. The individual remains asymptomatic in isolation on oseltamivir treatment. A second respiratory specimen from the same patient was collected on April 26, 2022, and tested negative for influenza viruses on April 27, 2022, by the Colorado Department of Public Health and Environment Laboratory Services. Whether the detection of H5 virus in the original respiratory specimen is a result of transient



surface contamination of the individual's nasal passages or represents infection, cannot be determined at this point. Public Health Authorities are pursuing the appropriate public health response and are assuming this is an infection and taking actions to contain and treat. Specimens from close contacts of the A(H5)-positive individual and persons who participated in depopulation activities at the same facility were collected on April 20, 2022, and tested negative for influenza viruses. These individuals are being monitored for symptoms and additional respiratory specimens are being obtained and re-tested for influenza viruses. All individuals who were exposed to poultry at this facility are being monitored for symptoms for 10 days and will be tested if symptomatic in accordance with CDC and USDA guidance.

Ancestors of HPAI A(H5N1) viruses first emerged in southern China and led to large poultry outbreaks in Hong Kong in 1997, which resulted in 18 human infections. These poultry outbreaks were controlled, but HPAI A(H5N1) viruses were not eradicated in birds, and the virus reassorted and reemerged in 2003 to spread widely in birds throughout Asia, and later in Africa, Europe, and the Middle East, causing sporadic human infections. HPAI A(H5) viruses were detected in North America from 2014 to 2016 where they caused widespread poultry outbreaks and detections among wild birds in Canada and the United States.

Since 2003, 19 countries have reported 864 human infections and 456 deaths with HPAI A(H5N1) virus to the [World Health Organization](#) (WHO) as of March 1, 2022 [3]. However, contemporary HPAI A(H5) viruses circulating globally and causing outbreaks in U.S. wild birds and poultry are different from earlier HPAI A(H5N1) viruses. Prior to the human case of A(H5) virus in the United States reported here, the only other human infection with this HPAI A(H5N1) virus was an asymptomatic case reported in the United Kingdom in January 2022 in association with exposure to domestically kept infected ducks. The case reported by Colorado is the first human detection of any influenza A(H5) virus in the United States. At this time, there is no evidence of sustained human-to-human transmission of HPAI A(H5N1) virus in the U.S.

Influenza A viruses infect the respiratory and gastrointestinal tracts of birds causing birds to shed the virus in their saliva, mucous, and feces. Human infections with avian influenza A viruses can happen when enough virus gets into a person's eyes, nose, or mouth or is inhaled. People with close or prolonged unprotected contact with infected birds or contaminated environments are at greater risk of infection. Illnesses in humans from avian influenza A virus infections have ranged from mild (e.g., eye infection, upper respiratory symptoms) to severe illness (e.g., pneumonia) resulting in death. The spread of avian influenza A viruses from one infected person to another has been reported in other countries, but is very rare, and when it has happened, it has not led to sustained spread among people.

At this time, CDC considers the human health risk to the U.S. public from these newly identified HPAI A(H5N1) viruses to be low; however, people with close or prolonged, unprotected contact with infected birds or contaminated environments are at greater risk of infection. While there is little information about the spectrum of illness that could result from human infections with current H5N1 bird flu viruses, currently, CDC considers this virus as having the potential to cause severe disease in humans and recommends the following:

#### **Recommendations for Clinicians**

**Clinicians should consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of respiratory illness who have relevant exposure history.** This includes persons who have had contact with potentially infected birds (e.g., handling, slaughtering, defeathering, butchering, culling, preparation for consumption); direct contact with water or surfaces contaminated with feces or parts (carcasses, internal organs, etc.) of potentially infected birds; and persons who have had prolonged exposure to potentially infected birds in a confined space. Clinicians should contact the state public health department to arrange testing for influenza A(H5N1) virus, collect respiratory specimens using personal protective equipment (PPE), consider starting empiric antiviral treatment (see below), and encourage the patient to isolate at home away from their household members and not go to work or school until it is determined they do not have avian influenza A virus infection. Testing for other potential

causes of acute respiratory illness should also be considered depending upon the local epidemiology of circulating respiratory viruses, including SARS-CoV-2.

### **Recommendations for State Health Departments**

**State health departments should investigate potential human cases of HPAI A(H5N1) virus infection as described below and should notify CDC within 24 hours of identifying a case under investigation.** Rapid detection and characterization of novel influenza A viruses in humans remain critical components of national efforts to prevent further cases, to allow for evaluation of clinical illness associated with them, and to assess the ability of these viruses to spread from human to human.

### **Recommendations for Surveillance and Testing**

**People exposed to HPAI A(H5N1)-infected birds (including people wearing recommended PPE) should be monitored for signs and symptoms of influenza beginning after their first exposure and for 10 days after their last exposure.**

Patients who meet Epidemiologic criteria AND either Clinical OR Public Health Response criteria below should be tested for HPAI A(H5N1) virus infection by reverse-transcription polymerase chain reaction (RT-PCR) assay using H5-specific primers and probes at your state or local public health department.

#### ***Epidemiological Criteria***

Persons with recent exposure (within 10 days) to HPAI A(H5N1) virus through one of the following:

- Exposure to HPAI A(H5N1) virus infected birds defined as follows:
  - Close exposure (within six feet) to birds, with confirmed avian influenza A virus infection by A(H5N1) virus. Bird exposures can include, but are not limited to handling, slaughtering, defeathering, butchering, culling, or preparing birds for consumption, OR
  - Direct contact with surfaces contaminated with feces or bird parts (e.g., carcasses, internal organs) from infected birds, OR
  - Visiting a live poultry market with confirmed bird infections or associated with a case of human infection with HPAI A(H5N1).
- Exposure to an infected person - close (within six feet) unprotected (without use of respiratory and eye protection) exposure to a person who is a confirmed, probable, or symptomatic suspected case of human infection with HPAI A(H5N1) (e.g., in a household or healthcare facility).
- Laboratory exposure (unprotected exposure to HPAI A(H5N1) virus in a laboratory)

#### ***Clinical Criteria***

Persons with signs and symptoms consistent with acute or lower respiratory tract infection, or with conjunctivitis, or complications of acute respiratory illness without an identified cause.

Examples include but are not limited to:

- Mild illness (e.g., cough, sore throat, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, headache) or conjunctivitis (red eye, discharge from eye)
- Moderate to severe illness: (e.g., shortness of breath or difficulty breathing, altered mental status, seizures)
- Complications: pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure, meningoencephalitis

#### ***Public Health Response Criteria***

Asymptomatic persons whom public health authorities, in consultation with CDC, determine need to be tested to assess the clinical spectrum of infection with HPAI A(H5N1) virus as part of public health investigations.

### **Preferred Respiratory Specimens**

For persons with suspected HPAI A(H5N1) virus infection, the following specimens should be collected as soon as possible after illness onset or when deemed necessary: a nasopharyngeal swab and a nasal aspirate or wash, or two swabs combined into one viral transport media vial (e.g., a nasal or nasopharyngeal swab combined with an oropharyngeal swab). If these specimens cannot be collected, a single nasal or oropharyngeal swab is acceptable. Patients with severe respiratory disease also should have lower respiratory tract specimens (e.g., an endotracheal aspirate or bronchoalveolar lavage fluid) collected, if possible.

For severely ill persons, multiple respiratory tract specimens from different sites should be obtained to increase the potential for HPAI A(H5N1) virus detection.

### **Recommendations for the Public**

**People should avoid unprotected exposure to sick or dead birds, bird feces, litter, or materials contaminated by birds with suspected or confirmed HPAI A(H5N1) virus infection.** Personal protective equipment (PPE) includes a properly fitted unvented or indirectly vented safety goggles, disposable gloves, boots or boot covers, a NIOSH-approved respirator (e.g., N95), disposable fluid-resistant coveralls, and disposable head cover or hair cover. PPE should be worn when in direct or close contact (within about six feet) with sick or dead poultry, poultry feces, litter, or materials potentially contaminated with HPAI A(H5N1) virus.

**People exposed to HPAI A(H5N1)-virus infected birds (including people wearing recommended PPE) should monitor for signs and symptoms of influenza beginning after their first exposure and for 10 days after their last exposure.** Influenza antiviral prophylaxis may be considered to prevent infection, particularly in those who had unprotected exposure to HPAI A(H5N1)-virus infected birds (see below). Persons who develop respiratory illness after exposure to HPAI A(H5N1) virus infected birds should seek prompt medical evaluation for influenza testing and antiviral treatment by their clinician or public health department. Symptomatic persons should isolate away from household members and others except for seeking medical evaluation.

### **Recommendations for Flock Owners and Worker Protection**

To reduce risk of HPAI A(H5N1) virus infection, backyard bird flock owners, poultry workers and responders should avoid unprotected direct physical contact with sick or dead birds, carcasses, feces, or litter from potentially infected poultry. Poultry workers should wear recommended PPE when in direct contact with sick or dead birds, carcasses, feces, or litter from potentially infected poultry, and when going into any buildings with sick or dead poultry, carcasses, feces, or litter from potentially infected poultry.

Workers should receive training on and demonstrate an understanding of when to use PPE; what PPE is necessary; how to properly put on, use, take off, dispose of, and maintain PPE; and PPE limitations. Backyard bird flock owners should take similar precautions using commercially available N95 respirators, eye protection, and gloves, and perform thorough hand washing after contact.

### **Recommendations for Infection Control**

Standard, contact, and airborne precautions are recommended for patients presenting for medical care or evaluation who have illness consistent with influenza and recent exposure to potentially infected birds. For additional guidance on infection control precautions for patients who might be infected with HPAI A(H5N1) virus, please refer to guidance for infections with novel influenza A viruses associated with severe disease.

### **Recommendations for Influenza Antiviral Treatment and Chemoprophylaxis**

**Chemoprophylaxis of Persons with Bird Exposure:** Chemoprophylaxis with influenza antiviral medications can be considered for any person meeting exposure criteria. Decisions to initiate post-exposure antiviral chemoprophylaxis should be based on clinical judgment, with

consideration given to the type of exposure, duration of exposure, time since exposure, known infection status of the birds the person was exposed to, and to whether the exposed person is at higher risk for complications from seasonal influenza (<https://www.cdc.gov/flu/avianflu/guidance-exposed-persons.htm>).

Chemoprophylaxis is not routinely recommended for personnel who used proper PPE while handling sick or potentially infected birds or decontaminating infected environments (including animal disposal).

**If antiviral chemoprophylaxis is initiated, treatment dosing for the neuraminidase inhibitors oseltamivir or zanamivir (one dose twice daily) is recommended instead of the typical antiviral chemoprophylaxis regimen.** For specific dosage recommendations for treatment by age group, please see [Influenza Antiviral Medications: Summary for Clinicians](#). Physicians should consult the manufacturer's package insert for dosing, limitations of populations studied, contraindications, and adverse effects. If exposure was time-limited and not ongoing, five days of medication (one dose twice daily) from the last known exposure is recommended.

#### **Treating Symptomatic Persons with Bird Exposure**

Outpatients meeting bird exposure criteria who develop signs and symptoms compatible with influenza should be referred for prompt medical evaluation and empiric initiation of influenza antiviral treatment with a neuraminidase inhibitor, oseltamivir or zanamivir, or the cap-dependent endonuclease inhibitor, baloxavir, as soon as possible. Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of illness onset.

Hospitalized patients who are confirmed, probable, or suspected cases of human infection with HPAI A(H5N1) virus, regardless of time since illness onset are recommended to initiate antiviral treatment with oral or enterically administered oseltamivir as soon as possible. Antiviral treatment should not be delayed while waiting for laboratory testing results.

For detailed guidance on dosing and treatment duration, please see [Interim Guidance of the Use of Antiviral Medications for the Treatment of Human Infection with Novel Influenza A Viruses Associated with Severe Human Disease](#) (<http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>).

**Monitoring and Chemoprophylaxis of Close Contacts of Persons with HPAI A(H5N1) virus infection:** Recommendations for monitoring and chemoprophylaxis of close contacts of infected persons are different than those that apply to persons who meet bird exposure criteria. Post-exposure prophylaxis of close contacts of a person with HPAI A(H5N1) virus infection is recommended with oseltamivir twice daily (treatment dosing) instead of the once daily pre-exposure prophylaxis dosing. For detailed guidance, please see [Interim Guidance on Follow-up of Close Contacts of Persons Infected with Novel Influenza A Viruses and Use of Antiviral Medications for Chemoprophylaxis](#).

#### **Vaccination**

No human vaccines for HPAI A(H5N1) are currently available in the United States. Seasonal influenza vaccines do not provide any protection against human infection with HPAI A(H5N1) viruses.

#### **For More Information**

- [General information about avian influenza viruses and how they spread](#)
- [Past Outbreaks of Avian Influenza in North America](#)
- [Transmission of Avian Influenza A Viruses Between Animals and People](#)

- [H5 Viruses in the United States](#)
- [General information about Avian Influenza viruses in birds](#)
- [Avian Influenza: Information for Health Professionals and Laboratorians](#)
- [Reported Human Infections with Avian Influenza A Viruses](#)
- [Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans](#)
- [Recommendations for Worker Protection and Use of Personal Protective Equipment \(PPE\) to Reduce Exposure to Novel Influenza A Viruses Associated with Severe Disease in Humans](#)

### References

1. United States Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS). (2022, January 14). *USDA Confirms Highly Pathogenic Avian Influenza in a Wild Bird in South Carolina*. United States Department of Agriculture. Retrieved April 20, 2022, from [https://www.aphis.usda.gov/aphis/newsroom/stakeholder-info/sa\\_by\\_date/sa-2022/hpai-sc](https://www.aphis.usda.gov/aphis/newsroom/stakeholder-info/sa_by_date/sa-2022/hpai-sc)
2. United States Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS). (2022, February 9). *USDA APHIS | USDA Confirms Highly Pathogenic Avian Influenza in a Commercial Turkey Flock in Dubois County, Indiana*. United States Department of Agriculture. Retrieved April 22, 2022, from [https://www.aphis.usda.gov/aphis/newsroom/stakeholder-info/sa\\_by\\_date/sa-2022/hpai-indiana](https://www.aphis.usda.gov/aphis/newsroom/stakeholder-info/sa_by_date/sa-2022/hpai-indiana)
3. World Health Organization. (2021, April 15). *Cumulative number of confirmed human cases for avian influenza A(H5N1) reported to WHO, 2003–2021, 15 April 2021*. Retrieved April 22, 2022, from [https://www.who.int/publications/m/item/cumulative-number-of-confirmed-human-cases-for-avian-influenza-a\(h5n1\)-reported-to-who-2003-2021-15-april-2021](https://www.who.int/publications/m/item/cumulative-number-of-confirmed-human-cases-for-avian-influenza-a(h5n1)-reported-to-who-2003-2021-15-april-2021)

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

---

### Categories of Health Alert Network messages:

<b>Health Alert</b>	Requires immediate action or attention; highest level of importance
<b>Health Advisory</b>	May not require immediate action; provides important information for a specific incident or situation
<b>Health Update</b>	Unlikely to require immediate action; provides updated information regarding an incident or situation
<b>HAN Info Service</b>	Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##