

Eastern Highlands Health District
Board of Directors Regular Meeting
Agenda
1712 Main Street, Coventry
Town Hall Annex
Thursday August 18, 2022, 4:30 PM*

Call to Order – Welcome Brian Foley

Approval of Minutes (June 16, 2022)

Public Comments

Old Business - none

New Business

1. Per Capita Grant in Aid Funding Application for SFY 2023
2. Tolland Employee Wellness Service Agreement - Ratification

Town Reports

Subcommittee Reports

3. Finance Committee – Financial report period ending 6/30/22
4. Personnel Committee (no attachment)

Directors Report

5. Monkeypox – LHD role/responsibilities
6. COVID-19 Response Activities Report - Update
7. NACCHO Annual Conference
8. Staff Vacancies (no attachment)
9. Quarterly activity report, period ending 6/30/22

Communications/other

10. CT DPH re: Monkey Pox Vaccine
11. CT DPH re: Status of FDA Food Code Regulations
12. R Miller re: Letter to Cosmetology business owners
13. CT DPH re: Reciprocal licensing of itinerant food vendors
14. CT DPH re: PFAS
15. R Miller re: Public Health Advisory – Coventry Lake
16. R Miller re: Public Health Advisory Terminated – Coventry Lake
17. JI re: Coventry Lake Algae Bloom
18. CliftonLarsonAllen LLP re: Communication with those charged with Governance

Other business

Adjournment

Next Board Meeting – October 20, 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 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 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 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, June 16, 2022

Members present:

In Person E. Anderson (Andover), J. Elsesser (Coventry), D. Walsh (Coventry), E. Wiecenski (Willington)

Virtual R. Aylesworth (Mansfield), T. Nuccio (Tolland), S. Powers (Scotland), M. Walter (Columbia)

Staff present: R. Miller, M. Brosseau, K. Dardick (virtual)

J. Elsesser opened the Public hearing at 4:30PM

Scheduled Item: Public Hearing- Proposed EHHD Sanitary Code, Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon, and spa

Comments were heard from the Public.

Kim Robinson from Headliners Salon and Spa in Tolland CT expressed concern over the requirement of spraying down surfaces with a hospital grade disinfectant and waiting 10 minutes. She also expressed concern over installation of utility sinks. She rents her space and this would be a financial burden if additional hand sinks need to be plumbed into the space.

Julie Cusson of Tolland echoed the concerns expressed by Ms. Robinson.

R. Miller responded to the comments, noting that the sanitary code does state that other products can be used. R. Miller further commented that the Health District will be working with business to implement improvements in a reasonable timeline.

J. Elsesser closed the public hearing at 4:46 PM.

J. Elsesser called the regular meeting to order at 4:46 PM

D. Walsh made a MOTION, seconded by E. Anderson to accept the minutes of the April 21, 2022 meeting as presented. MOTION PASSED unanimously.

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

R. Miller gave a brief overview of the materials distributed.

E. Wiecenski made a MOTION, seconded by D. Walsh 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. MOTION Passed unanimously.

Robust discussion ensued regarding gathering feedback on the implementation of the program. It was decided that R. Miller will report back to the Board in 6 months. Based on that report, the Board will review possible changes to the code.

Proposed Position Classification Change

R. Miller presented the background on why this change is recommended. E. Wiczenski made a MOTION, seconded by E. Anderson to authorize the Director of Health to reclassify this position as needed, and appropriate in an effort to fill the current fulltime environmental health field staff vacancy. MOTION PASSED unanimously.

S. Powers left the meeting at 5:30 pm

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

R. Miller presented an overview of the statute and the impact to the Health District. R. Miller noted that this is currently voluntary, but may become mandated. R. Miller recommended deferring the signing of the MOA while his office focuses on the implementation of the Cosmetology program. The Board expressed support of the MOA.

E. Wiczenski made MOTION, seconded by D. Walsh to authorize the Director of Health to execute the MOA for CGS Section 19a-36i, Itinerant Mobile Food Vendor, Reciprocal Licensing on or about February 28, 2023. MOTION PASSED unanimously.

Medical Advisor Update

R. Miller requested K. Dardick give an overview of Monkey Pox and Powassan

K. Dardick noted that we are on a steep learning curve regarding monkey pox. He further noted that the small pox vaccine provides some protection and should there become community spread of the virus, there is vaccine available for distribution.

K. Dardick informed the board that the Powassan virus is carried by the same tick that carries Lyme. K. Dardick noted that the Powassan virus can be transmitted within 10-15 minutes of attachment. Currently, there is no treatment.

K. Dardick stressed the importance of prevention against tick bites.

Town Reports

Willington E. Wiczenski reported that a STEEP grant has been signed for the new septic system at the town hall. E. Wiczenski noted that the budget passed. In addition, the former "River and Rail" will be reopening as "Flat Penny Kitchen"

Andover E. Anderson informed the board that progress is being made on the connectivity project. E. Anderson noted that RFPs are coming back very high. In addition, the budget passed.

Columbia M. Walter report that a multi town meeting was held regarding the Hop River Trail in an effort to improve the trail. In addition, the budget passed.

Tolland T. Nuccio that permitting has been approved for the Santini project that will build apartments behind the Big Y in Tolland. T. Nuccio noted that RFPs are coming back

extremely high. T. Nuccio informed the board that a Town Manager has been hired. Brian Foley will start on June 27th.

Coventry J. Elsesser informed the board that Coventry had the first beach closure of the season. Patriots Park was closed due to high bacteria levels. J. Elsesser noted that permits are being sought after for a new establishment at the former "Daisy's Creamery". The new establishment will be "Burgers, Pies and Fries". J. Elsesser reported that the Library project will start soon, as well as the South Street project. J. Elsesser noted that project budgets are coming back over budget.

Mansfield R. Aylesworth reported that the Mansfield budget passed. R. Aylesworth noted the town council is working its way through adoption of ARPA funding recommendations. R. Aylesworth informed the board that a grant has been received and will be utilized to transportation and safety improvements on S. Eagleville Road and the Eagleville Green housing project.

Finance Committee- Financial Report, period ending 3/31/22

R. Miller presented the highlights of the financial report. D. Walsh made a MOTION, seconded by E. Wiecenski to accept the financial report for the period ending 3/31/22. MOTION PASSED unanimously.

Executive Committee- FY21/22 Auditor appointment

R. Miller reported that the Executive Committee met to formally appoint an auditor.

EHHD, Private Water Supply Sodium Chloride Survey

R. Miller reported on the survey and data the district has been collecting. He noted that individual addresses are confidential. At this time, there are no conclusions. Next steps will include continuing to update the database and working to educate homeowners. In addition there will be outreach and education to the water treatment industry.

Public Act No. 21-46- Act Concerning Social Equity and the Health, Safety and Education of Children

R. Miller informed the board that in recognition of the mental health crisis among youth, Local Public Health will be trained in suicide prevention. This will be a "train the trainer" training.

HB 5045- Childhood Lead Protection COVID-19 Response Activities Update- 6/10/2022

R. Miller noted that the new standards will increase the number of lead cases the Health District will need to follow.

COVID-19 Response Activities Update- 6/10/2022

R. Miller noted that cases are decreasing, and staff has been busy responding to clusters and outbreaks. R. Miller informed the board that the ELC2 grant will be executed in the coming days.

Quarterly Activity Report for the period ending 3/31/22

There were no questions or discussion.

E. Wiecenski made a MOTION, seconded by E. Anderson to adjourn at 6:40pm.
MOTION PASSED unanimously.

Next Board Meeting – August 18, 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

Memo

To: Board of Directors

From: Robert Miller, Director of Health

Date: 8/11/2022

Re: FY 2022/2023 State Per Capita Grant Application

Attached for your review is a copy of the fiscal year 2022/2023 per capita grant application. As you may recall, this grant represents the state's primary funding mechanism supporting local full-time health departments and health districts. The State Fiscal Year 2023 budget resulted in a rate of \$2.60 per capita, which represents no change from the previous fiscal year. The resulting total award is \$206,499.80.

We use this award to fund the salary and benefits of Sanitarian II positions (1.8 FTE). You will find the details for this proposed budget on Page 4 in the attached application document.

I respectfully recommend the Board authorize submittal of the grant application.

Recommended motion: *Move, to authorize the execution and submittal of the Eastern Highlands Health District's Fiscal Year 2022/2023 State of Connecticut Department of Public Health Per Capita Funding Application as presented August 18, 2022.*

APPLICATION CHECKLIST

Please make sure the following items are submitted with your application:

- ☒ Signed and completed Per Capita Application
- ☒ Signed invoice
- ☒ Organizational chart for the District Health Department, identifying Per Capita funded positions
- ☒ Job descriptions for Per Capita funded positions
- ☒ Copy of Health District Budget for SFY 2023
- ☒ Copy of Health District Budget Narrative for SFY2023 and a copy of the most current Health District Annual Report prepared for the Chief Elected Official and/or community
- ☒ Copies of checks from member towns
- ☒ Copy of written agreement between the Director of Health and Health District Board if written agreement is expired or has been revised during the period of July 1, 2021 - June 30, 2022

PLEASE EMAIL YOUR SIGNED COMPLETED APPLICATION TO:

OLHA.DPH@CT.GOV

PLEASE INCLUDE IN THE SUBJECT LINE: Per Capita App. SFY 2023 – Name of Health Dept.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Public Health Preparedness and Local Health Section

June 1, 2022

Robert L. Miller, Director of Health
Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

Re: Per Capita Grant in Aid Funding Application for State Fiscal Year (SFY) 2023

Dear Mr. Miller:

Attached, please find the Per Capita Grant in Aid Funding Application for SFY 2023 (July 1, 2022 – June 30, 2023) and the SFY 2023 Per Capita Allocation Plan. Per capita funding is provided to support direct services to your community; a Basic Health Program outlined in 19a-207a which is based on the CDC's 10 essential public health services. We ask that you provide a **detailed budget and justification** for each budget line item and corresponding essential service(s) being supported. Budget justifications must include a breakdown of costs as appropriate.

In addition, we are pleased to inform you that the SFY 2023 State of Connecticut appropriated budget for the Department of Public Health reflects \$2.60 in per capita funding for local health districts. Please complete the per capita application and return all required submittals by July 29, 2022. The application checklist for required submittals is located on Page 8 of the application.

All applications must be reviewed and approved by the Department of Public Health prior to payment. If you have any questions, please feel free to contact Renée Thomson DiNardi at (860) 509-7564 or renee.dinardi@ct.gov. Thank you.

Sincerely,

A handwritten signature in blue ink that reads "Krista M. Veneziano".

Krista M. Veneziano, MPH, RS
Epidemiologist 4, Office of Local Health Administration

Enclosures

CC: Francesca Provenzano, Chief, Public Health Preparedness and Local Health Section
Sue Walden, Local Health Section



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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

SFY 2023 PER CAPITA FUNDING APPLICATION FOR:

Eastern Highlands Health District
4 South Eagleville Road
Mansfield, CT 06268

SFY 2023 Per Capita Allocation \$206,499.80 Population (2020) 79,423

This application certifies that **Eastern Highlands Health District** is in compliance with the following terms of the State Aid to Full-time Health Departments/Districts Program:

1. The Health District board employs a duly authorized full-time Director of Health as defined in **C.G.S. Section 19a-242 and 19a-244**, "No director shall, during such director's term of office, have any financial interest in or engage in any employment, transaction or professional activity that is in substantial conflict with the proper discharge of the duties required of directors of health by the general statutes or the Public Health Code or specified by the board in its written agreement with such director."
2. The Health District shall provide a copy of the written agreement between the Director of Health and the Health District, only if such agreement is expired or has been revised during the period July 1, 2021 through June 30, 2022.
3. The Health District shall provide the services of a sanitarian certified under Chapter 395 as defined in **C.G.S. Section 19a-242(c)**.

Name of Sanitarian Lynette Swanson License # 647

4. The Health District shall receive \$2.60 per capita based on the most recent population figures as defined in **C.G.S. Section 19a-245**, "...each health district that has a total population of fifty thousand or more, or serves three or more municipalities irrespective of the combined total population of such municipalities,..."
5. The Health District shall use per capita funding that directly relates to the overall public health programs required of each local health department/district as defined in **C.G.S. Section 19a-207a**.
6. Each town in the Health District expends at least \$1.00 per capita per fiscal year from annual local tax receipts for health district services as defined in **C.G.S. Section 19a-245**.
7. The Health District must complete an annual report as defined in **C.G.S. Section 19a-200**.

SFY 2023 Per Capita Application
Eastern Highlands Health District

8. If this grant application is approved, monies granted will not be used to substitute for funds budgeted for the district health department under the normal budgetary process.
9. The information provided on behalf of the Health District in this application and attachments is true and correct.

Name of Individual

Completing the Application: Robert Miller
(Please print or type)

Signature: 

Director of Health:

Robert Miller
(Please print or type)

Signature: 

**Chairperson of the
Board of Directors:**

John Elsesser
(Please print or type)

Signature: _____

INDICATORS OF STATUTORY COMPLIANCE (Sec. 19a-245 to 19a-246, C.G.S.)

1. List Member Municipalities/Name of Board Members/Municipal Per Capita Contribution to District
Per Capita Rate 5.85

Municipality	Name of Board Member(s)	Email and Telephone Number of Board Chair and Co-Chair	Town Per Capita Contribution \$
Ashford	Cathryn Silver-Smith		24480
Bolton	Jim Rupert		28480
Coventry	John Elsesser, M. Deborah Walsh	jelsesser@coventryct.org 860-742-6324	71590
Mansfield	Heather Evans, Ryan Avlesworth, William Kaufold		151420
Tolland	Lisa Hancock, Tammy Nuccio		85130
Willington	Erika Wiencenski		32570
Andover	Eric Anderson		18420
Columbia	Mark Walter	townadministrator@columbiact.org 860-228-0110	30790
Chaplin	Vacant		12520
Scotland	Susan Powers		9220

1. A public hearing on the SFY 2023 budget was held on (date) 1/20/2022 at (location) virtual (zoom). Public notice of the hearing and minutes of hearing are attached. Total Health District operating budget is \$962197.

TOTAL OPERATING/EXPENSES FOR PRIOR FISCAL YEAR \$939534.

3. Board meetings are held 7 times per year. (Please attach the schedule of dates for this fiscal year.)
4. Attach copies of first quarter checks for each member town. (At least \$1.00 per capita per fiscal year from annual local tax receipts to support health district services.)
5. All district services are provided to each member town
yes X no If no, please explain: Employee wellness services are provided to Tolland on a contract basis.

PER CAPITA GRANT IN AID BUDGET PROPOSAL
SFY 2023
July 1, 2022 – June 30, 2023

DIRECTOR OF HEALTH Robert Miller POPULATION (2020) **79,423**
 SIGNATURE of DOH  ALLOCATION (2023) **\$206,499.80**

BUDGET LINE ITEMS	SFY 2023 Per Capita Allocation	Carryover Funding from Prior Years	Total Per Capita Funding 2023
1. Salary and Wages*	144405.4	0	144405.4
2. Fringe Benefits* 43 %	62094.4	0	62094.4
3. Office Supplies			
4. Contractual **			
5. Equipment			
6. Other			
a.			
b.			
c.			
d.			
e.			
f.			
TOTALS	206499.8		206499.8

*Complete the salary/fringe position schedule.

**Complete the Subcontractor detail information for each subcontractor

PROPOSED USE OF PER CAPITA FUNDS

Provide a **budget justification for each line in your budget** describing how your health district intends to use the per capita funding and the essential service(s) supported in CGS 19a-207a:

- (1) Monitoring of health status to identify and solve community health problems;
- (2) Investigating and diagnosing health problems and health hazards in the community;
- (3) Informing, educating and empowering persons in the community concerning health issues;
- (4) Mobilizing community partnerships and action to identify and solve health problems for persons in the community;
- (5) Developing policies and plans that support individual and community health efforts;
- (6) Enforcing laws and regulations that protect health and ensure safety;
- (7) Connecting persons in the community to needed health care services when appropriate;
- (8) Assuring a competent public health and personal care workforce;
- (9) Evaluating effectiveness, accessibility and quality of personal and population-based health services; and
- (10) Researching to find innovative solutions to health problems.

If funds are used to support a position, please provide a justification of staff activities and the program(s) supported for each position and complete the salary detail and fringe position schedule. If your health department is subcontracting services or using a consultant, please provide a justification for services, complete the subcontractor detail form indicating the name of consultant/agency, rate of pay and/or funding detail for the services.

Use additional pages as needed.

BUDGET LINE ITEM	JUSTIFICATION	ESSENTIAL SERVICE SUPPORTED
Salary Wages	For field sanitarians activities that include but is not limited to food service inspection, soil testing, permit/license review and approval, and complaint investigation.	2, 3, 6
Fringe Benefits	FICA - \$9365 Medicare - \$2013 Life Insurance - \$836 Retirement - \$13029 Health Insurance - \$38003	2,3,6

Per Capita Grant Salary/Fringe Position Schedule

Position Detail	Site Location	Hours wk/wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Sanitarian II Name: Holly Hood	Mansfield	37 /52	42.34	8177.48	43 %	35163.51
2.Position: Sanitarian II Name: Glenn Bagdoian	Coventry	28.44 /52	42.34	62629.96	43 %	26930.88
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
16.Position: Name:		/			%	
Totals				144405.4		62094.40

**VENDOR INVOICE FOR GOODS OR SERVICES
RENDERED TO THE STATE OF CONNECTICUT**

**STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
ACCOUNTS PAYABLE DIVISION**

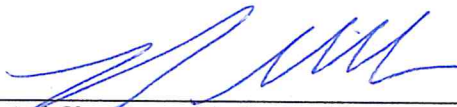
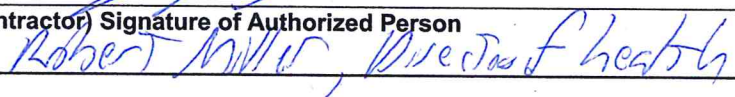
CO - 17 REV. 10/2010

PLEASE COMPLETE THIS FORM AND SEND IT TO THE

VENDOR: DEPARTMENT BILLING ADDRESS SHOWN ON THE PURCHASE ORDER

(1) BUSINESS UNIT NAME DPHM1	(2) BUSINESS UNIT NO.	(3) INVOICE NO.	(4) INVOICE AMOUNT \$206,499.80		
(5) DOCUMENT DATE July 1, 2022	(6) INVOICE DATE	(7) ACCOUNTING DATE	(8) RPT. TYPE	(9) VENDOR FEIN/SSN ID / ADDRESS CODE 00000 00000 418	
VENDOR / PAYEE: FIELDS 9,10, 14 & 18 ARE MANDATORY FOR PAYMENT					
(10) PAYEE: Eastern Highlands Health District PAYEE: ADDRESS: 4 South Eagleville Road ADDRESS: ADDRESS: CITY: Mansfield STATE: CT COUNTRY: ZIP CODE: 06268				(11) VOUCHER NO. (12) VOUCHER DATE PREPARED BY	
(13) VENDOR COMMENTS SFY 2022 Per Capita Grant					

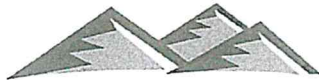
(14) GIVE FULL DESCRIPTION OF GOODS AND / OR SERVICES (TO BE COMPLETED BY VENDOR)	(15) QUANTITY	(16) UNITS	(17) UNIT PRICE	(18) AMOUNT
SFY 2023 State Aid pursuant to the SFY 2023 Governor's Appropriated Budget and Section 19a-245 of the Connecticut General Statutes. For the period 7/1/22- 6/30/23 I certify that the above is a valid claim and has not been paid.				\$206,499.80

XX 
(Contractor) Signature of Authorized Person

Print or type Name, and Title

BUSINESS UNIT USE ONLY										
(19) AMOUNT	(20) QUANTITY	(21) FUND	(22) DEPARTMENT	(23) SID	(24) PROGRAM	(25) ACCOUNT	(26) PROJECT/ GRANT	(27) CHARTFIELD 1	(28) CHARTFIELD 2	(29) BUDGET REFERENCE
\$206,499.80	1	11000	DPH48558	17009	42003	55070	DPH17009LOC	N/A	N/A	2023

(30) DEPARTMENT NAME AND ADDRESS STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVENUE, MS# 13LOC PO BOX 340308 HARTFORD, CT. 06134-0308				(31) PO NO.	(32) COMMODITIES RECEIVED OR SERVICES RENDERED - SIGNATURE (DPH AUTHORIZED SIGNATURE)	
				(33) PO BUSINESS UNIT	(34) RECEIVING REPORT NO.	(35) DATE(S) OF RECEIPT(S)

SHIPPING INFORMATION			
(36) DATE SHIPPED	(37) FROM - CITY / STATE	(38) VIA - CARRIER	(39) F.O.B.



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 L. Miller, Director of Health
Date: 10/25/2021
Re: Approved 2022 Regular Meeting Schedule

Respectfully submitted for your review and approval is the proposed regular meeting schedule for 2022 calendar year:

January 20 (Typically, Budget Public Hearing)

February 17

April 21 (Last day of Passover is April 23)

June 16

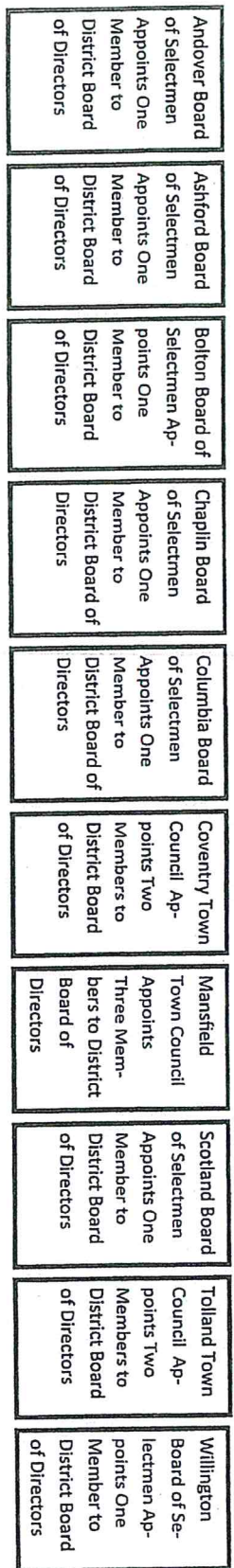
August 18

October 20

December 8

The time of each meeting will be scheduled for 4:30 pm. The Coventry Town Hall Annex will be booked as the physical location for these meetings, with the understanding that alternatively these meetings may be held virtually until such time board leadership determines it is appropriate and safe to go back to in-person meetings. (With the exceptions of December 8, all dates fall on the third Thursday of the Month.)

Recommended Motion: Move to adopt the Eastern Highlands Health District Board of Directors 2022 regular meeting schedule as presented.

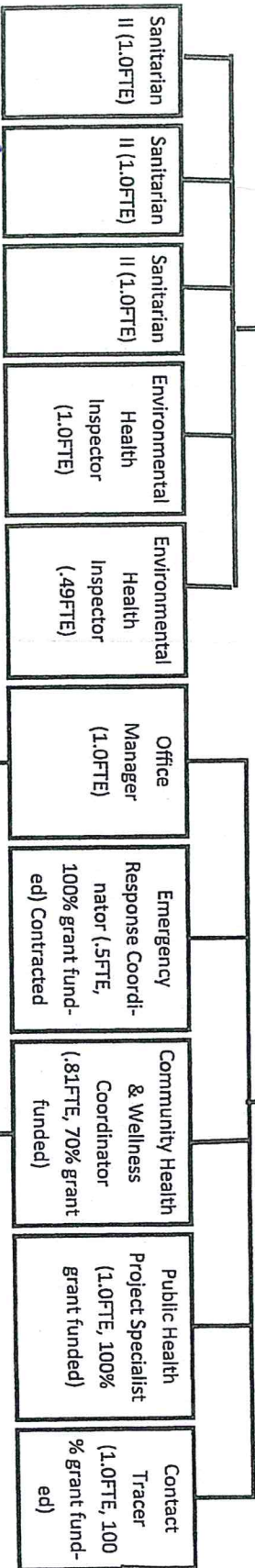


EHHD Board of Directors 14 Members

Director of Health

Medical Advisor

Chief Sanitarian (1.0FTE)



Vaccine Program Administrative Assistant (.54FTE, 100% grant funded)

Student Intern (0.1FTE)

Public Health Nurse (1.0 FTE, 100% grant funded)

Per capita funded positions

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 programming 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.

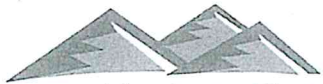
Phase I and II subsurface sewage disposal certification from The State of Connecticut. Certification as a Food Establishment Inspector from the Connecticut Department of Public Health..

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



Eastern Highlands Health District

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

1

PUBLIC HEARING NOTICE

Proposed FY 22/23 Operating Budget & CNR Budget

The Eastern Highlands Health District Board of Directors will hold the following public hearing on 1/20/2022 at 4:30PM via a web-based virtual meeting to hear the public comments regarding the *Eastern Highlands Health District Proposed Fiscal Year 22/23 Operating and Capital Non-recurring Budgets*.

In accordance with PA 21-2 §149 and social distancing guidelines recommended by the CDC to slow community spread of COVID-19, this meeting will be held virtually. The public may join the meeting via telephone. *If you plan to join the meeting via phone, please email Millie Brosseau at mbrosseau@ehhd.org or call 860-429-3325 for the call in information.*

Written comments will be received up to the close of the hearing and can be emailed to mbrosseau@ehhd.org.

The Eastern Highlands Health District Proposed Fiscal Year 22/23 Operating and Capital Non-recurring Budget 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.

Robert L. Miller
Director of Health
Eastern Highlands Health District

Surgery for Mayfield | Bruins top Devils

860-423-8466 x3001

Classifieds

classified@thechronicle.com

High Schools

and DE Bryce Huff on injured reserve. Placed TE Dan Brown on the practice squad injured reserve.

PHILADELPHIA EAGLES — Reinstated CB Craig James and WR John Hightower from the practice squad reserve/COVID-19 list.

PITTSBURGH STEELERS — Reinstated WRs Anthony Miller, Steven Sims and Tyler Vaughns from the practice squad reserve/COVID-19 list. Released P Cameron Nizialek and K Sam Stoneman from the practice squad.

SAN FRANCISCO 49ERS — Signed CB Darqueze Dennard to the practice squad.

SEATTLE SEAHAWKS — Placed RB Alex Collins on injured reserve. Promoted RB Josh Johnson to the active roster. Reinstated CB Bless Austin from reserve/COVID-19 list. Placed DB Gavin Heslop on the reserve/COVID-19 list.

TENNESSEE TITANS — Waived CB Chris Jones and LB Joe Jones. Released DBs Shyheim Carter and Rodney Coleman and WR Golden Tate. Placed LB Monty Rice on the reserve/COVID-19 list.

High Schools

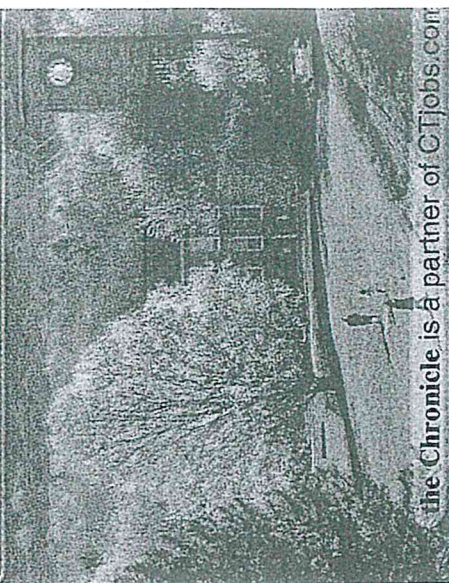
Winnipeg 3, Arizona 1
Anahiem 4, Philadelphia 1
Nashville 3, Vegas 2
Washington at Montreal, p.p.d
NY Islanders at Seattle, p.p.d
Today's Games
Edmonton at Toronto, 7 p.m.
St. Louis at Pittsburgh, 7:30 p.m. (TN
NY Islanders at Vancouver, p.p.d
Thursday's Games
Calgary at Tampa Bay, 7 p.m.
Columbus at New Jersey, 7 p.m.
Minnesota at Boston, 7 p.m. (ESPN, N
Pittsburgh at Philadelphia, 7 p.m.
San Jose at Buffalo, 7 p.m.
Toronto at Montreal, p.p.d
Florida at Dallas, 8:30 p.m.
Chicago at Arizona, 9 p.m.
Winnipeg at Colorado, 9 p.m.
Detroit at Anaheim, 10 p.m.
NY Rangers at Vegas, 10 p.m.
Ottawa at Seattle, p.p.d
Nashville at Los Angeles, 10:30 p.m.

NBA

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Legal Notice

Legal Notice

The Republican electors of Columbia are hereby notified to meet on January 11, 2022 at 7:00 pm at Beckish Senior Center to endorse candidates for the 2022-2024 Republican Town Committee and to transact any other business to come before the caucus. Kelley Peck, Chairman

Help Wanted

**MOTOR ROUTES
EARN UP TO
\$300 MONTH
WORKING
1 DAY A WEEK**

Independent Contractor
Must have reliable vehicle
Pick up on Tuesday
Deliver by Thursday
Local Routes
If Interested email:
delivery@thechronicle.com

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Legal Notice

NOTICE OF WINDHAM DEMOCRATIC CAUCUS

To enrolled members of the Democratic Party of the Town of Windham, Connecticut Pursuant to the Rules of the Democratic Party and State election laws, you are hereby notified that a caucus will be held on: January 10, 2022, at 7:00 PM, at Bellingham Auditorium, Windham Town Hall, 979 Main Street, Willimantic, CT to endorse candidates for the Democratic Town Committee and to transact other business as may be proper to come before said caucus. Dated at Windham, Connecticut, on the 4th of January, 2022. Democratic Committee of Windham, CT.

Leslie O'Brien, Chairperson

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FOR RENT**

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Rent**

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1 Br, new, \$650/mo
860-423-5551, 860-465-6171 after 10 am

TAG SALES

Tag Sales

COLUMBIA 2 Roses Bridge Rd. The former John's Scrap will be holding a tag sale the week of Jan 3-9, 2022, 8-3. Many tools, useful items.

Legal Notice

Legal Notice

PUBLIC HEARING NOTICE
Proposed FY 22/23 Operating Budget & CNR Budget

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Robert L. Miller
Director of Health
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 L. Miller, MPH, RS, Director of Health
CC: Charmaine Bradshaw-Hill, Chief Financial Officer
Date: 12/6/2021
Re: Proposed Operating Budget and CNR Budget

Proposed Fiscal Year 2022/2023 Operating Budget

Submitted herewith for your review is a proposed operating budget for fiscal year 2022/2023. The proposal incorporates an expenditure increase of \$22,663 or 2.4%. The total budget has increased from \$939,534 to \$962,197. The member town contribution rate increased by 2.9% from \$5.685 to \$5.85 per capita (The average FY21/22 member town contribution rate for contiguous health districts is \$7.08).

Primary Budget Drivers

The primary issues driving the fiscal year 2022/2023 budget are a proposed increase in the staff salary account appropriation, and a corresponding increase in the benefits. The following salient factors are incorporated into this budget proposal.

1. A **Salaries** expenditure increase of 1.3%. The increase accommodates merit and new pay range increases for eligible staff.
2. A **Benefits** expenditure increase of 3.1%. The increase accommodates corresponding increases in basic benefits, a 3.9% place holder increase in the medical insurance line item.
3. A decrease of 0.8% in the appropriation from the adopted amended FY21/22 figure is proposed for the **state grant – in – aid**. The state appropriated, and we have received, 100% of the FY21/22 adopted amended revenues for this line. At this time, we are anticipating level funding into FY22/23 for local health departments.
4. A total member **town contribution** increase of 2.1%. This includes a per capita rate increase of 2.9%, plus changes in the population estimates.
5. A **fee for service** revenue increase of 2.3%. This is an aggregate of all service fee categories and incorporates estimated projections for the current fiscal year, extrapolates them into FY22/23.
6. An **appropriation from fund balance** of \$38,577 is proposed to balance the budget. This appropriation is an increase of \$8,919 as compared to the FY21/22 adopted amended budget.

Preventing Illness & Promoting Wellness for Communities In Eastern Connecticut
Andover • Ashford • Bolton • Chaplin • Columbia • Coventry • Mansfield • Scotland • Tolland • Willington

7. An increase of 1.5% in **grant deductions** for regular staff salary and benefits is anticipated.
8. An increase in **operational expenditures** of 4.4%. This increase is due primarily to Other Purchased Services to address a fee increase associated with our online permit tracking/payment software,
9. An increase in **Transfers Out of CNR** of \$3,000. This is consistent with the 5 year roll forward plan for the CNR.

The above changes are summarized on the following chart:

PROPOSED EXPENDITURE/REVENUE CHANGES FOR FY22/23					
		Adopted Amended 21/22	Proposed 22/23		
Revenues				Change	Percent
	State Grant in Aid	\$ 208,106	\$ 206,500	\$ (1,606)	-0.8%
	Town contributions	\$ 455,040	\$ 464,620	\$ 9,580	2.1%
	Fees for Service	\$ 246,730	\$ 252,500	\$ 5,770	2.3%
	Appropriation of Fund Balance	\$ 29,658	\$ 38,577	\$ 8,919	30.1%
	Total	\$ 939,534	\$ 962,197	\$ 22,663	2.4%
Expenditures					
	Grant Deductions	\$ (62,586)	\$ (63,514)	\$ (928)	1.5%
	Salaries	\$ 640,670	\$ 648,735	\$ 8,065	1.3%
	Benefits	\$ 254,565	\$ 262,336	\$ 7,771	3.1%
	Operations	\$ 106,885	\$ 111,640	\$ 4,755	4.4%
	Transfers Out to CNR	\$ -	\$ 3,000	\$ 3,000	
	Total	\$ 939,534	\$ 962,197	\$ 22,663	2.4%

Highlighted below is additional narrative for selected account proposals for FY22/23

Revenues

- **State Grant – in – Aid.** This line item decreases 0.8% with a total proposed appropriation of \$206,500. This is based on flat funding into the new biennium. There is no information from DPH at this time regarding anticipated actual appropriations for FY22/23 at this time.
- **Town Contributions.** A total combined increase of \$9,580, or 2.1% is proposed for this revenue category. The increase is due to a proposed increase in the per capita contribution rate for member towns of 2.9%, plus changes in the population estimates provided by DPH. Population estimates have declined by 618 individuals. Individual town contribution changes can be reviewed on pages 6 and 7 of the budget presentation. Contribution rate history can be found on page 13 of the budget presentation.
- **Fees for Service.** A combined total increase for all service fee categories is estimated at \$5,770, or 2.3%. While still early in the year, FY21/22 year to date fee revenue aggregate is at approximately the same revenue level this time last fiscal year. This proposed revenue estimate is based on revenue projection for the current

fiscal year can be found on page 10. This estimate also include estimated revenue for the new cosmetology inspection program. No changes in the previously adopted fee schedule is proposed. Fee schedule history can be found on page 11. Comparison fee rates for other area health districts can be found on page 12 of the budget presentation.

- **General Fund Appropriation.** An appropriation of \$38,577 is proposed in this budget. This is an increase of 30.1% from the previous fiscal year. Of note, this budget estimates year-end fund balance on June 30, 2023 will be 53% of the FY22/23 operating expenditures. (See page 4 for the GF roll forward report for FY22/23.) While adopted budgets in the recent past have been balanced with the general fund, the fund balance has not actually been drawn down during this period.

Expenditures

- **51050 Grant Deductions.** While projecting grant funding is difficult due to its volatility, this proposed budget anticipates an increase of 1.5% in grant deductions. This includes grants awarded by the DPH to support the COVID-19 response. (See page 15 for details on total grant revenue anticipated for FY22.)
- **51601 Regular Salaries.** The total increase presented for salaries is \$8,065, or 1.3%. Pursuant to our broad band, merit based pay plan this is the appropriation recommended to fund an average 3.0% merit increase for eligible regular staff. The appropriation will also accommodate newly approved pay ranges that will increase wage rates for five (5) regular staff, effective July 1st, and reflects a reduction in wages in one position as a result of staff turnover.
- **52105 Medical Insurance.** The total increase anticipated is \$5,840, or 3.9%. This is a place holder figure provided by the Mansfield Finance Department that reflects a conservative 17% increase in premiums, and changes in staff enrollment. The final figure is not yet available.
- **53960 Other Purchased Services.** A total increase of \$2,125, or 11.6% is proposed. This is a contractual payment increase to our vendor that provided the upgrade to our online permit application and payment software.
- **53964 Voice Communications.** A total increase of \$1,050 is due to a change in eligible grant expenditures. The annual cost of our staff/volunteer emergency notification system is no longer an eligible grant expense.
- **56302 Administrative Overhead.** A total increase \$1,230, or 4.1% is proposed. This is a contractual payment increase to the Town of Mansfield for accounting, financial reporting, HR, and IT services.
- **58410 Capital Nonrecurring Fund transfer.** A total increase of \$3,000 is proposed. This is consistent with our roll forward CNR fund five projection (See page 14).

Proposed FY 22/23 Capital Nonrecurring Budget Narrative (See Page 14)

Revenues

- **Transfer In – General Fund.** This is a planned transfer of \$3,000 from the general fund. This appropriation is consistent with our 5 year CNR roll forward plan.
- **Equity Fund Transfer.** \$125,000 as recommended by the Finance Committee. This transfer is the first of two, which are earmarked to fund main office relocation and renovation project, digitizing records project, and support increase in funds for fleet vehicle replacement and CHA/CHIP initiative.
- **Surplus Vehicle Proceeds.** Estimated proceeds of \$3,000 from the surplus sale of one fleet vehicle.

Expenditures

- **Automobiles.** An expenditure of \$20,000 is proposed for the purpose of replacing one fleet vehicle in accordance with our fleet replacement schedule.

Recommendation

The budget detailed herewith in incorporates changes provided by the Finance Committee at their November 29, 2021 special meeting at which time they acted to forward the proposed budget to the full board. Therefore, the following motion is recommended: *Move, to set public hearing date of Thursday, January 20, 2022 at 4:30 PM to receive the public's comments regarding the Eastern Highlands Health District Proposed Fiscal Year 2022/2023 Operating Budget, Capital non-recurring budget, as presented on December 9, 2021.*

Eastern Highlands Health District
Summary of Revenues and Expenditures for FY22/23

Fund: 634 Eastern Highlands Health District
Activity: 41200

		Adopted	Proposed			
		Amended	Estimated	Budget	%	Dollar
Object	Description	21/22	21/22	22/23	change	change
Revenues:						
40220	Septic Permits	48470	48470	48,950	1.0	480
40221	Well Permits	14400	14400	12,590	(12.6)	(1,810)
40491	State Grant-In-Aid	208106	208106	206,500	(0.8)	(1,606)
40630	Health Inspec. Service Fees	3500	3500	3,500	-	-
40633	Health Services-Bolton	27770	27770	28,480	2.6	710
40634	Health Services-Coventry	70530	70530	71,590	1.5	1,060
40635	Health Services-Mansfield	144890	144890	151,420	4.5	6,530
40636	Soil Testing Service	33740	33740	48,830	44.7	15,090
40637	Food Protection Service	80000	80000	80,000	-	-
40638	B100a Review	33540	33540	18,480	(44.9)	(15,060)
40639	Engineered Plan Rev	27880	27880	28,150	1.0	270
40642	Health Services - Ashford	24190	24190	24,480	1.2	290
40643	Health Services - Willington	33340	33340	32,570	(2.3)	(770)
40646	GroupHome/Daycare Inspection	1200	1200	1,200	-	-
40647	Subdivision Review	1500	1500	1,500	-	-
40648	Food Plan Review	2500	2500	2,500	-	-
40649	Health Services - Tolland	83100	83100	85,130	2.4	2,030
40685	Health Services - Chaplin	12730	12730	12,520	(1.6)	(210)
40686	Health Services - Andover	18400	18400	18,420	0.1	20
40687	Health Services - Columbia	30580	30580	30,790	0.7	210
40688	Health Services - Scotland	9510	9510	9,220	(3.0)	(290)
	Cosmotology Inspections	0	0	6,800	-	6,800
40999	Appropriation of Fund Balance	29658	29658	38,577	30.1	8,919
	Total Revenues	939,534	939,534	962,197	2.4	22,663
Expenditures:						
51050	Grant deductions	(62,586)	(62,586)	(63,514)	1.5	(928)
51601	Regular Salaries - Non-Union	640,670	640,670	648,735	1.3	8,065
52001	Social Security	40,055	40,055	40,560	1.3	505
52002	Workers Compensation	10,150	10,150	11,000	8.4	850
52007	Medicare	9,368	9,368	9,485	1.2	117
52010	ICMA (Pension)	33,440	33,440	33,354	(0.3)	(86)
52103	Life Insurance	2,390	2,390	2,830	18.4	440
52105	Medical Insurance	150,770	150,770	156,610	3.9	5,840
52117	RHS	2,320	2,320	2,400	3.4	80
52112	LTD	672	672	697	3.7	25
52203	Dues & Subscriptions	2,100	2,100	2,100	-	-
52220	Vehicle allowance	5,400	5,400	5,400	-	-
52210	Training	3,500	3,500	3,500	-	-
52212	Mileage Reimbursement	600	600	600	-	-
53120	Professional & Tech	7,495	7,495	7,845	4.7	350
53122	Legal	3,000	3,000	3,000	-	-
53125	Audit Expense	6,900	6,900	6,900	-	-
53303	Vehicle Repair & Maintenance	2,500	2,500	2,500	-	-
53801	General Liability	14,800	14,800	14,800	-	-
53924	Advertising	1,000	1,000	1,000	-	-
53925	Printing & Binding	1,150	1,150	1,150	-	-
53926	Postage	1,500	1,500	1,500	-	-
53940	Copier maintenance	1,000	1,000	1,000	-	-
53960	Other Purchased Services	18,350	18,350	20,475	11.6	2,125
53964	Voice Communications	3,800	3,800	4,850	27.6	1,050
54101	Instructional Supplies	800	800	800	-	-
54214	Books & Periodicals	200	200	200	-	-
54301	Office Supplies	2,000	2,000	2,000	-	-
54601	Gasoline	2,500	2,500	2,500	-	-
55420	Office Equipment	3,000	3,000	3,000	-	-
55430	Equipment - Other	600	600	600	-	-
56302	Admin. Overhead	30,090	30,090	31,320	4.1	1,230
56303	Other General Expenditures	-	-	-	-	-
56312	Contingency	-	-	3,000	na	3,000
58410	Capital Nonrecurring Fund	-	-	-	-	-
	Total Expenditures	939,534	939,534	962,197	2.4	22,663

Eastern Highlands Health District
Board of Directors Regular Meeting Minutes
Virtual Meeting Via Zoom
Thursday, January 20, 2022

Members present: E. Anderson (Andover), R. Aylesworth (Mansfield), J. Elsesser (Coventry – 4:49pm), L. Hancock (Tolland), S. Powers (Scotland), C. Silver-Smith (Ashford), T. Nuccio (Tolland), D. Walsh (Coventry), M. Walter (Columbia), E. Wieceński (Willington)

Staff present: R. Miller, C. Bradshaw-Hill, K. Dardick, M. Brosseau

Vice Chair M. Walter called the meeting to order at 4:34pm

Scheduled Item: EHHD Public Hearing – Proposed FY22/23 Operating Budget, & Proposed FY 22/23 CNR Budget.

E. Wieceński made a MOTION, seconded by E. Anderson to open the Public Hearing at 4:34pm. MOTION PASSED unanimously. R. Miller read the notice into the record. (See attached) R. Miller noted that there were no written comments received. No public present. T. Nuccio made a MOTION, seconded by E. Anderson to close the Public Hearing at 4:37PM. MOTION PASSED unanimously.

D. Walsh made a MOTION, seconded by E. Wieceński to accept the minutes of the December 9, 2021 meeting as presented. MOTION PASSED unanimously.

Proposed Fiscal Year 22/23 Operating Budget, & Proposed FY 22/23 CNR Budget

E. Anderson made a MOTION, seconded by E. Wieceński to adopt the FY 22/23 Operating and CNR budget as proposed. MOTION PASSED unanimously.

Town Reports

Andover – E. Anderson reported that Andover has seen a heavy spike of COVID-19. The town distributed test kits and N95 mask. D. Walsh inquired about the Bunker Hill Road project. E. Anderson provided an update.

Willington – E. Wieceński reported an increase in COVID-19 cases. They continue to mask in town buildings. They have seen an increase in cases amongst staff. However none have been linked to peer-to-peer transmission. Boards and committees are meeting remotely. E. Wieceński reported that Willington distributed test kits and N95 masks.

Mansfield – R. Aylesworth reported that the town wide mask mandate remains in effect for Mansfield. Test kits and N95 masks were distributed.

Tolland – L. Hancock reported that masks and test kits were distributed.

Columbia – M. Walter reported that masks and tests kits have been distributed. Additional items will be picked up Friday, 1/21. M. Walter informed the board that staff has been affected by COVID-19. Masking requirements in town buildings remains in effect.

Ashford – Due to technical difficulties, C. Silver-Smith was unable to provide a report.

Coventry – J. Elsesser reported that test kits were distributed. The town now has a waiting list of 250 people wanting test kits. J. Elsesser informed the board that the UConn School of nursing is building air filter setups for the schools.

Directors Report

COVID-19 Activity Update

R. Miller reported on the activities related to COVID-19 in which his office has engaged. He noted that there has been an extreme amplification of cases. The weekly reports generated now include a positivity and incidents rates for each town.

Dr. Dardick noted that COVID is still out there and in addition his office is seeing strep, viral infections and other infections indicative of people not wearing masks. Of his patients no vaccinated patients have been hospitalized due to COVID. Unfortunately, they have seen deaths due to COVID in unvaccinated individuals.

Discussion ensued regarding positive home tests not being reported and overall case numbers not being accurate.

R. Aylesworth ask Dr. Dardick how to increase the number of 5-11 year olds that are vaccinated. Dr. Dardick expressed that he was unable to speak to that.

R. Miller reported that the position of Public Health Nurse may be filled very soon.

Executive Session

D. Walsh made a MOTION, seconded by M. Walter to enter executive session in accordance with CGS 1-200(6)(a), Director of Health Performance Review. MOTION PASSED unanimously. Executive Session began at 5:21pm. Executive Session ended at 5:54pm.

D. Walsh made a MOTION seconded by E. Wiczenski, that the Directors salary be increased to \$119,545, which is the average of the recent survey conducted on Directors of Health Salaries. In addition the Board authorized a one time performance bonus that they are calling a "COVID bonus" of \$5000. J. Elsesser noted that the record should show this raise is retroactive to July 1, 2021. MOTION PASSED unanimously.

R. Miller thanked the Board and his staff for their continued support.

R. Aylesworth, S. Powers, E. Wiczenski and D. Walsh left the meeting at 5:57pm.

EHHD Annual Report to DPH

R. Miller reported that annually, pursuant to state statute health departments are obliged to provide an annual report in a format prescribed by the state. 5 or 6 years ago a CT general statute was passed establishing 10 Essential Services for basis of health departments to be eligible for funding from the state health department. There were no thresholds established for these services. The Department of Public Health recently created thresholds they are telling health departments they have to meet. These standards were developed without any input from local public health. R. Miller reported that an evaluation has been sent to him that shows that 8 of 13 standards are either NOT MET or only partially met. R. Miller informed the board that it will require a part-time FTE to meet all these standards. He notified the board that this is an issue that will need to be revisited. R. Miller suggested the

following items be reviewed in the future: updating the strategic plan, developing the community health needs assessment and working toward meeting state standards.

DataHaven Equity Report

R. Miller encouraged everyone to review the report for their individual town.

Adjournment

E. Anderson made a MOTION, seconded by M. Walter to adjourn the regular meeting at 6:06 pm. MOTION PASSED unanimously.

Next Board Meeting – February 17, 2022, 4:30 PM

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'R. Miller', written in a cursive style.

Robert Miller

Secretary



2020-2021

ANNUAL REPORT



Serving the towns of:

Andover, Ashford, Bolton, Chaplin, Columbia, Coventry,
Mansfield, Scotland, Tolland and Willington

Population: 80,041 Service Area: Approximately 208 Square Miles

Health District Staff

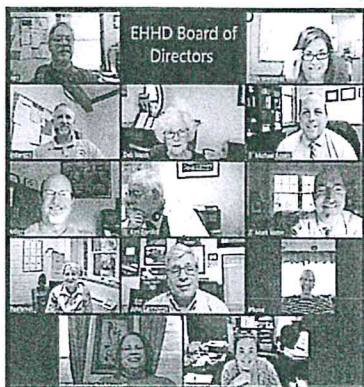
Robert L. Miller, MPH, RS Director of Health
 Kenneth Dardick, MD Medical Advisor
 Glenn Bagdoian, RS Sanitarian II
 Ande Bloom Project Specialist
 Millie Brosseau Office Manager
 Christine Grulke BSN, MEd, RN Public Health Nurse
 Holly Hood, MPH, RS Sanitarian II
 Zachary Jezek Environmental Health Specialist
 Thad King, MPH, REHS, RS Sanitarian II
 Derek May Public Health Emergency
 Preparedness Coordinator
 Mia Mitoma Vaccine Program Administrative Assistant
 David Oellerich, APRN Public Health Nurse
 Lynette Swanson Chief Sanitarian
 Cecile Serazo, BSN, RN Community Health and
 Wellness Coordinator



Top left to right: Millie Brosseau, Rob Miller, Ande Bloom, Zac Jezek
 Middle left to right: Lynette Swanson, Holly Hood, Thad King, Glenn Bagdoian
 Bottom left to right: Cecile Serazo, Derek May

EHHD Board of Directors

Elizabeth Paterson (Chair) Town of Mansfield
 John Elsesser (Vice Chair) Town of Coventry
 Mark Walter (Assistant Treasurer) Town of Columbia
 Ralph Fletcher Town of Ashford
 Eric Anderson Town of Andover
 Joshua Kelly Town of Bolton
 Ryan Aylesworth Town of Mansfield
 Robert Morra (Alternate) Town of Bolton
 Tammy Nuccio Town of Tolland
 William Kaufold Town of Mansfield
 Barbara Syme Town of Scotland
 M. Deborah Walsh Town of Coventry
 Michael Rosen Town of Tolland
 Erica Wicewski Town of Willington
 Vacant Town of Chaplin



Top left to right:
 John Elsesser,
 Erika Wicewski
 2nd row left to right:
 Eric Anderson, M. Deborah
 Walsh, Michael Rosen
 3rd row left to right:
 Robert Miller, Kenneth
 Dardick, Mark Walter
 4th Row left to right:
 Holly Schaeffer,
 John Carrington,
 Elizabeth Paterson
 Bottom:
 Charmaine Bradshaw-Hill,
 Tammy Nuccio

Mission Statement -

Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness, and protection of our human environment.

Vision - Healthy people, healthy communities ... healthier future.



Message from the Director

All Hands On Deck

The 2020/2021 fiscal year for the Eastern Highlands Health District (EHHD) is best characterized by the responsiveness, and adaptability of our agency to address the shifting public health needs of our local communities during the COVID-19 national public health emergency. This would not have been possible without the professional dedication of our health district staff. With that, below is a rundown of the highlighted activities and initiatives for the 2020-2021 Fiscal Year.

Public Health Emergency Preparedness and Response – The EHHD administered over 10,000 COVID-19 vaccinations during more than 120 clinics district-wide. We conducted contact tracing investigations for over 4,500 cases of COVID-19. This includes over 350 school-associated cases. We facilitated over 7,000 COVID tests among area residents. More than 130 COVID related complaints associated with the business sector rules were investigated. The EHHD issued weekly surveillance reports to community partners and the general public providing local COVID-19 surveillance data and news. We partnered with UConn Storrs on a number of pandemic response infection control activities including quarantines, testing, and messaging. We supported and partnered with 12 school districts to establish and implement risk mitigation measures. Over 130,000 PPE items were distributed to 46 area healthcare providers. Technical information and support were provided to local businesses to facilitate compliance with the Governor's Executive Orders. We supported town governments with safe workplace guidance for essential workers, infection control guidance for first responders, and town recreation department consultation support for youth sports programs and summer camps. We recruited and/or retained over 200 Medical Reserve Corps volunteers who supported our testing, contact tracing, and mass vaccination campaign. Finally, we provided pandemic-related education and information to the general public on multiple informational platforms.

Community Health – The health district expanded its scope of clinical services during fiscal year 2020/2021. This was the first year our agency offered seasonal flu shots. We hosted three clinics targeting our first responder community administering 120 flu shots. These clinics provided a good training ground for the impending COVID-19 vaccination campaign.

Environmental Health – Despite the significant mobilization and redirection of agency resources to respond to the pandemic, the environmental health field staff expertly and professionally addressed an approximately 25% to 30% increase in the demand for building, drilling, and construction permits and approvals during this fiscal year.

Unfortunately, this pandemic is not yet over. I have no doubt, however, that our communities, with continued partnership, collaboration, and cooperation will see the end, and overcome this challenge the same way we started...together.

My door is always open.

Yours in Health,

Robert L. Miller, MPH, R.S.
 Director of Health



EHHD'S PROGRAMS AND SERVICES

We provide the community with a range of programs and services to promote and protect environmental, personal, and community health.

Emergency Preparedness

This year Eastern Highland's Emergency Preparedness program shifted into Emergency Response to address the ongoing COVID-19 pandemic. Following the tenets of Crisis and Emergency Risk Communication, EHHD kept its partners and constituents informed in the face of rapidly changing COVID-19 information. In the Fall of 2020, EHHD expanded the elements of its seasonal influenza vaccination program to practice for mass vaccination. EHHD conducted flu clinics at local fire stations, supported regional vaccination exercises, and conducted a drive-through flu clinic exercise at the Mansfield Middle School. The EHHD Medical Reserve Corps (MRC), a unit of medical and non-medical volunteers from the community, was able to quickly expand and grew to a force of nearly 200 volunteers.

When a COVID-19 vaccine became available in December 2020, EHHD was ready to go. Mass vaccination clinics were held in school gyms and other accessible community locations across the district, vaccinating up to 600 patients per clinic. Emphasis was placed on creating a safe orderly clinic with the lowest possible wait time, to provide the patient with the best experience possible considering the circumstance. By leveraging the trained personnel, supplies, and partnerships developed through years of strategic planning, EHHD was able to deliver more than 10,000 vaccinations against COVID-19 by the end of June 2021.



This pandemic response reminds us that plans may change, but the knowledge gained during the process of planning is indispensable. EHHD adapted to challenges including limited vaccine availability, changing patient eligibility criteria, technology challenges, and rigorous handling requirements for newly-developed vaccines.

Even as we seek to mitigate the effects of COVID-19 in the months and years ahead, other threats to public health will certainly occur, and All-Hazards planning remains as important as ever. Public Health will continue to be flexible and adaptable and the EHHD will continue to be part of a whole-community disaster planning and response.

EHHD offers its very heartfelt thanks to the EHHD MRC volunteers. They were the primary workforce for the vaccination clinics, with over 4,750 documented clinic hours served by these amazing ambassadors of public health. The EHHD MRC will continue to support the community in the years to come. Any adult interested in joining the MRC can sign up at: CTresponds.ct.gov

Environmental Programs

Water Quality – EHHD reviews and approves private well sites and drinking water analysis reports to assure that the drinking water supplies are free of harmful bacteria, chemicals and pollutants. Our sanitarians provide guidance and information to residents with water quality issues and concerns. The health district also inspects and monitors the water quality at public bathing areas and public swimming pools to ensure compliance with water quality and health safety standards.



Subsurface Sewage Disposal – EHHD sanitarians conduct site evaluations and soil testing, review septic system design plans, issue permits to construct, and perform site inspections during construction to verify compliance with codes and technical standards. The health district is also required to evaluate the septic system impacts from proposed building additions, accessory structures and use changes on all properties served by on-site subsurface sewage disposal systems.

Food Protection – All food service establishments are inspected frequently and operating licenses are renewed annually. Temporary and special events, including Farmers' Markets, where food is served to the public, are also permitted and inspected for food safety compliance.



Campground/Daycare/Youth Camp Inspections – EHHD conducts annual family campground inspections, biennial daycare inspections, and assists the State of Connecticut with youth camp kitchen inspections.

Complaint Investigation/Code Enforcement – EHHD staff investigate all complaints received by the department, ranging from food protection and water quality concerns to housing, sewage, vermin problems, and COVID-19. Where conditions are found that violate the Public Health Code or Connecticut General Statutes, and such conditions are not corrected voluntarily, property owners or violators are then subject to enforcement procedures.

Childhood Lead Poisoning Prevention – EHHD receives laboratory reports of blood lead tests for children under age 6 when blood lead levels are 5 µg/dL or above, and tracks these cases until the child's blood lead level is confirmed below this reference level. The health district provides re-test reminder letters and educational packets to these families to help them understand the health risks associated with lead exposure and assist them in identifying and reducing lead hazards in their child's environment. Elevated blood lead levels can require additional intervention by the health district, including property inspections and lead abatement enforcement.

Communicable Disease Surveillance & Control

Disease Surveillance – EHHD conducts communicable disease surveillance to detect outbreaks. Examples of communicable diseases include but are not limited to: COVID-19, hepatitis, rabies, and foodborne illness. Statistics detailed at the end of this report represent the total number of reported disease cases that have public health significance in member towns (it is generally acknowledged that these diseases are underreported within the population).

Disease Control – Clinical laboratory and physician case reports are reviewed for possible follow-up and investigation. Outbreaks of disease are investigated, and measures to prevent and control further spread of disease are implemented when necessary. During the second part of the fiscal year, EHHD has done extensive work to reduce the spread of COVID-19.

Community Health

EHHD Health Promotion initiatives focus on developing sustainable interventions and nurturing partnerships to build a healthier community. While targeted programming is utilized when appropriate, our primary focus is on policy, systems, and environmental changes to promote and encourage healthy lifestyles for all member town residents, employees, and visitors. In the summer months, EHHD worked diligently to mitigate the spread of disease from mosquitos and ticks. Informational signs were provided to member towns. The plaques provide information on the prevention of acquiring Lyme disease, and were placed in parks and near trails. During the winter, EHHD distributed radon test kits to residents. These kits allow residents to be aware of the current radon levels in their home, and to take action if necessary.



In January, COVID-19 became an international health emergency, and the Community Health team responded with education and support to the community to mitigate the risk of transmission and to help residents stay healthy while maintaining social distancing recommendations. Efforts included the production of guidance documents that were distributed to member town libraries, community centers, health centers, senior centers, and schools. EHHD also conducted contact tracing on COVID-19 cases in our district, thereby supporting infected residents and reducing transmission in the community.

Tobacco Free Living – Focusing on policy, systems, and environmental changes, EHHD developed toolkits to encourage towns in Tolland County to adopt smoke free policies or ordinances to make their workplaces smoke free. The toolkits can



be found on the EHHD website. EHHD continues to assist the Town of Mansfield with implementation of its smoke free workplaces policy. A toolkit was developed to assist other organizations/communities to implement similar policies. In addition, EHHD continues to update a summary of smoking cessation resources. The resources include: web, phone, text, and nicotine replacement therapy.



Substance Abuse In Our Community Workgroup – In response to the opioid and substance use epidemic affecting our towns, EHHD created a workgroup comprised of representatives from municipal leadership, human services, social workers, first responders, school leadership, and child advocacy. The group also continued with prior initiatives, including partnering with the Coventry Police Department on a successful drug take back campaign, and partnering with the Town of Mansfield in the development of town policies to stage NARCAN in public buildings. Resources are posted on the EHHD website and brochures were distributed to town leadership, libraries, and social service departments.

Be Well – Developed by EHHD in 2006, this program provides comprehensive programming and promotion on a contractual basis to local employers. The goal of this employee wellness program is to improve the overall health and wellness of employees through initiatives that target risk factors for health. This program is provided as a full contracted service to the Town of Tolland. Basic Be Well initiatives are also provided to member town, school employees, and private sector businesses through the State Preventive Health Block Grant (to focus on policy and environmental changes to reduce the incidence of obesity in worksites). Each year Be Well contributes to strong health outcomes and a significant return-on-investment for participating employers. Examples of programs and policies implemented include, but aren't limited to, monthly wellness newsletters, online wellness resources, on-site biometric health screenings, and wellness seminars. You may learn more about the program at www.ehhd.org/be-well. If you are interested in having Be Well as part of your business or organization, please send an email to: Be_well@ehhd.org.



Health Education: EHHD provides its member towns and residents with newsletters, social media sites and web pages for health information, and regular updates with health and wellness "hot topics". EHHD continually updates the social media pages (Facebook and Twitter). We focus "hot topic" updates on providing clear and concise information on health topics pertaining to a particular month or season. EHHD participated in several educational workshops and health fairs throughout the year focusing on topics such as hurricane/emergency preparedness, childhood vaccines, healthy snacks for kids, planning for care as you age, and flu prevention and treatment.



Plan4Health Initiative: Anchored by the American Planning Association (APA) and the American Public Health Association (APHA), the Plan4Health grant funded EHHD and the Community Health Action Response Team (CHART) to implement strategies to increase physical activity and access to healthy food for our region. During the year EHHD continually marketed the Toolkit to the planning and zoning boards and commissions of small and rural towns in Connecticut. The Toolkit is continually maintained and updated to provide the most current and accurate information. A survey was introduced last year to gain feedback on the Toolkit and its ability to meet the needs of users. This survey will be reviewed and analyzed to make changes for the future. The toolkit and survey is available online at www.healthyeasternct.com





Public Health

Prevent. Promote. Protect.

Local health departments work across the nation to prevent disease, promote health and protect communities. The National Association of County and City Health Officials (NACCHO) developed this logo to promote universal recognition of this critical work and to provide a consistent image and message for local health departments. EHHD is proud to support this national effort.

What is a Health District?

Health districts are much like full-time municipal health departments in the services they provide. They are governmental entities that carry out critical local public health functions that include: infectious disease control, code enforcement and health education. Through a binding relationship with member towns (provided for in state statutes), services are offered to a group of towns that may not otherwise have a full-time health department without district membership. Joining a health district is an attractive option for towns because they are provided access to full-time public health services at minimal cost. District membership increases the ability of a town to benefit from grant-funded public health programs. Towns that are members of health districts provide annual per capita contributions to support health district operations.

Top 10 Benefits Your Community Receives as a Member of a Public Health District:

1. A professionally staffed department with fully trained and certified personnel.
2. Improved availability of services; seven days a week, 24 hours a day for emergencies.
3. Less fragmentation of services.
4. Uniform enforcement of state laws and regulations, codes and ordinances.
5. A regional approach to public health problems that cross town lines.
6. Pooling of manpower for backup services in times of need.
7. The capability to address a wider scope of public health problems and issues than your community could manage on its own.
8. Reduction of waste and maximized effectiveness through problem identification, priority setting, improved coordination and more efficient use of resources.
9. Eligibility for extensive state and federal funding, bringing services to the local level that might not otherwise be possible.
10. An opportunity for your town to network with other local health departments and state agencies.

10 Essential Services of Local Public Health:

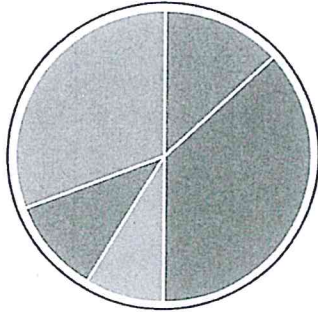
1. **Monitor** health status to identify community health problems.
2. **Diagnose** and **investigate** health problems and health hazards in the community.
3. **Inform, educate** and **empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop** policies and plans that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public and personal health care workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to public health problems.

EHHD

Budget Fiscal Year

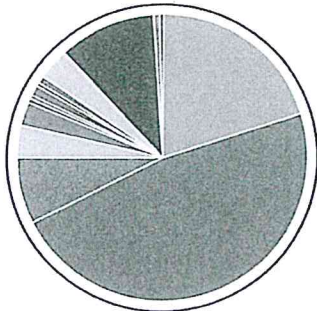
2020/2021*

FY2021 TOTAL REVENUES (see table below)



Licensure Fees	\$165,494.75
Local Funds	\$465,367.18
Other	\$107,878.25
Program Fees	\$129,902.74
State	\$358,174.09
Total:	\$1,226,817.01

FY2021 TOTAL EXPENDITURES (see table below)



Personnel: Administrative/Management	\$224,219
Personnel: Environmental Health	\$527,317
Personnel: Community Health	\$83,664
Emergency Preparedness:	\$40,227
Administrative Overhead	\$30,540
Communications	\$3,034
Equipment	\$2,774
Insurance	\$14,603
Legal	\$1,666
Other	\$6,972
Purchased Services	\$42,345
Supplies&Materials/software	\$120,249
Vehicle&Travel	\$9,111
Miscellaneous	\$2,280
Total:	\$1,109,002.01

* Figures not audited at the time of this publication.

EHHD Service and Activities Data by Town

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
COMPLAINTS											
AIR QUALITY	0	0	0	0	0	0	1	0	0	0	1
ANIMALS/ANIMAL WASTE	0	0	0	0	0	0	0	0	0	0	0
ACTIVITY WITHOUT PROPER PERMITS	0	1	0	1	0	0	0	0	2	0	4
FOOD PROTECTION	0	1	1	0	1	1	0	0	0	0	4
HOUSING ISSUES	0	3	0	3	1	0	6	0	3	5	21
EMERGENCY RESPONSE	0	0	0	0	1	0	0	0	0	0	1
REFUSE/GARBAGE	0	2	0	0	0	0	1	0	4	2	9
RODENTS/INSECTS	0	0	0	1	0	0	1	0	0	2	4
SEPTIC/SEWAGE	1	5	2	1	0	2	2	0	0	3	16
OTHER	0	3	0	0	0	0	1	0	2	1	7
WATER QUALITY	0	0	0	0	0	0	4	0	1	2	7
COVID-19	2	3	7	6	1	11	60	0	6	13	109
TOTAL	3	18	10	12	4	14	76	0	18	28	183
HEALTH INSPECTION											
GROUP HOMES	0	0	0	0	0	2	0	0	0	0	2
DAY CARE	0	0	0	0	1	0	0	0	1	1	3
CAMPS	0	1	0	3	0	0	0	1	2	2	9
PUBLIC POOL	0	2	0	1	0	0	4	1	2	2	12
OTHER	0	0	0	1	0	0	0	0	0	0	1
SCHOOLS	0	0	0	0	0	0	0	0	0	0	0
MORTGAGE, FHA, VA	0	0	0	0	0	0	0	0	0	0	0
BATHING AREAS	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	3	0	5	1	2	4	2	5	5	27
ON-SITE SEWAGE DISPOSAL											
SITE INSPECTION -- ALL SITE VISITS	65	51	79	28	123	212	143	12	144	35	892
DEEP HOLE TESTS -- NUMBER OF HOLES	44	45	80	46	104	154	136	12	121	48	790
PERCOLATION TESTS -- NUMBER OF HOLES	9	18	20	15	27	36	49	3	64	14	255
PERMITS ISSUED, NEW	9	4	5	2	12	18	7	4	16	1	78
PERMITS ISSUED, REPAIR	22	20	23	11	24	55	50	2	48	20	275
SITE PLANS REVIEWED	19	13	21	9	23	37	50	1	66	15	254
PUBLIC HEALTH REVIEWS	35	32	69	19	55	152	111	11	181	42	707
WELLS											
WELL SITES INSPECTED	8	3	5	6	29	32	3	5	7	5	103
WELL PERMITS ISSUED	10	5	8	10	33	50	27	7	20	15	185
LABORATORY ACTIVITIES (SAMPLES TAKEN)											
POTABLE WATER	0	0	0	0	0	1	0	1	0	0	2
SURFACE WATER	16	16	32	0	28	141	19	0	14	25	291
GROUND WATER	0	0	0	0	0	0	0	0	0	0	0
RABIES	0	0	0	0	0	0	2	0	0	0	2
LEAD	0	0	0	0	0	0	0	0	0	0	0
OTHER	4	1	2	0	3	4	7	2	3	0	26
FOOD PROTECTION											
INSPECTIONS	18	33	29	25	25	60	194	5	39	34	462
REINSPECTIONS	2	7	3	0	2	3	49	0	25	6	97
TEMPORARY PERMITS	2	5	27	2	2	27	7	1	8	1	82
TEMPORARY INSPECTIONS	2	0	22	0	0	0	0	0	1	0	25
PLAN REVIEWS	0	1	1	1	0	2	4	0	0	2	11
PRE-OPERATIONAL INSPECTIONS	0	3	0	2	3	31	13	1	11	2	66
TOTAL INSPECTIONS AND OTHER	22	46	54	32	31	96	260	8	81	47	677
LEAD ACTIVITIES											
HOUSING INSPECTION	0	0	1	0	0	2	0	0	0	0	3
ABATE PLAN REVIEWED	0	0	0	0	0	0	0	0	0	0	0
MISCELLANEOUS ACTIVITIES											
PLANNING AND ZONING REFERRALS	0	0	0	0	1	6	1	0	0	0	8
SUBDIVISION REVIEWED (PER LOT)	0	0	0	1	2	3	0	0	5	0	11

Selected Reportable Diseases by Town*

	Andover	Ashford	Bolton	Chaplin	Columbia	Coventry	Mansfield	Scotland	Tolland	Willington	District Totals
Babesiosis	0	1	0	1	0	1	1	1	0	2	7
Campylobacter	1	1	1	1	1	2	1	1	0	0	9
COVID-19	139	202	222	114	252	582	1251	36	758	234	3790
Cryptosporidium	0	0	0	0	0	0	0	0	0	0	0
Cyclospora	0	0	0	0	0	0	0	0	0	0	0
E. Coli 0157/STEC	0	0	0	0	0	0	0	0	0	0	0
Ehrlichiosis/Anaplasmosis	0	0	0	0	0	0	0	0	0	0	0
Giardia	0	0	0	0	0	1	0	0	0	1	2
Group A Streptococcus	0	0	0	0	0	0	0	0	0	0	0
Group B Streptococcus	0	1	1	0	0	0	1	0	2	1	6
Haemophilus Influenzae	0	0	0	0	0	0	0	0	0	0	0
Hepatitis A	0	0	0	0	0	0	0	0	0	0	0
Hepatitis B	0	0	0	0	0	0	0	0	0	0	0
Hepatitis C	0	1	1	1	0	2	2	0	2	0	9
Lead-Elevated Blood Lead Levels in children up to age 6 (5-9.9 ug/dl)	0	1	1	0	0	2	0	1	1	1	7
Lead-Elevated Blood Lead Levels in children up to age 6 (10-19 ug/dl)	0	0	0	0	0	0	0	0	0	0	0
Lead-Elevated Blood Lead Levels in children up to age 6 >20 ug/dl	0	0	0	0	0	0	0	0	0	0	0
Listeria	0	0	0	0	0	0	0	0	0	0	0
Lyme Disease	1	1	0	2	1	1	3	1	1	0	11
Measles	0	0	0	0	0	0	0	0	0	0	0
Methicillin Resistant Staphylococcus Aureus	0	2	0	4	3	2	4	0	3	2	20
Mumps	0	0	0	0	0	0	0	0	0	0	0
Neisseria Meningitis	0	0	0	0	0	0	0	0	0	0	0
Pertussis	0	0	0	0	0	0	0	0	0	0	0
Rubella	0	0	0	0	0	0	0	0	0	0	0
Salmonella	0	1	0	0	0	2	2	0	1	0	6
Shigella	0	0	0	0	0	0	0	0	0	0	0
Streptococcus Pneumoniae	0	0	0	0	0	0	0	0	0	0	0
Syphilis	0	1	0	0	0	0	0	0	0	1	2
Varicella	0	0	0	0	0	0	0	0	0	0	0
Vibrio	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus	0	0	0	0	0	0	0	0	0	0	0
Yersinia	0	0	0	0	0	0	0	0	0	0	0

* The case numbers above are considered to be below actual figures due to under reporting.



4 South Eagleville Road
Mansfield, CT 06268



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: 8/11/2022

Re: Tolland Employee Wellness – FY22/23 Contract

As you may recall, the Board in past years has authorized an agreement for the Health District to provide employee wellness services to the Town of Tolland employees (This agreement does not include the BOE). In this regard, attached for your information is the following document:

- Agreement between the Health District and Town of Tolland extending employee wellness program services to June 2023

Funding for this program is provided entirely by the Town of Tolland. The total amount paid by Tolland is \$7,350. There is no cost to the Health District, nor an adverse impact to existing programs and services. The presence of this program within our scope of services continues to benefit the health district with improved grant competitiveness, and an improved wellness programming presence in the community.

I respectfully recommend the Board ratify the execution of this agreement between the Town of Tolland and the Health District to provide employee wellness services.

Recommended Motion: *Move, to ratify the Town of Tolland/Eastern Highlands Health District Employee Wellness Service Agreement, as presented August 18, 2022.*

Town of Tolland/ Eastern Highlands Health District Employee Wellness Service Agreement

This agreement is made this ~~30~~²⁸ day of June, 2022 by and between the Eastern Highlands Health District (hereinafter the "DISTRICT") and the Town of Tolland (hereinafter the "TOWN") witness that:

Whereas the TOWN requires localized wellness services for employees and spouses and desires to retain the services of the Eastern Highlands Health District; and

Whereas the DISTRICT desires to provide such services to the TOWN for compensation and in accordance with the terms herein specified.

Now, therefore, the parties do mutually agree as follows:

1. The DISTRICT shall provide and/or coordinate in accordance with the terms herein, professional wellness services for the TOWN. Services to be provided and/or coordinated include:

- Rewards kick-off event and quarterly on site wellness seminars, programs, and promotions targeting all town employees through Tolland Town Hall worksite location.
- Coordination, implementation, promotion on on-line surveys (behavior & interest) for all town employees.
- Report of survey results and analysis after receiving a minimum of 20 surveys completed by employees or at the request of the Tolland Director of Administrative Services.
- Quarterly employee wellness e-newsletter.
- Employee Wellness Web site with resources, tools and general information on health & wellness.
- Personal nutrition consultations and assessments when requested by employees
- Promotion and tracking of incentive programs for employee and spouse participation in wellness programs
- On-site biometric screening event once during contract year
- Other services as mutually agreed upon

2. The TOWN agrees to pay as full and complete compensation for these services for the term of this agreement the total amount of \$7,350.

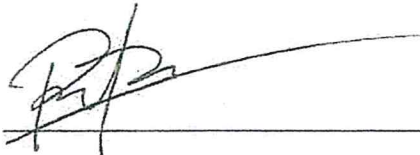
3. The TOWN agrees to provide internal email address for Be Well program, and provide collaborative support for wellness programming, and on-site events.

4. The TOWN acknowledges that the DISTRICT has other Health Education Program obligations and the days and times that the DISTRICT performs work in service to the TOWN will, within reason, be flexible to allow for attending to the needs of the DISTRICT.


5. The TOWN agrees to hold the DISTRICT and any of the Health District's officers, agents or employees harmless from any liability (including reasonable attorney's fees and all costs) for any and all damages to persons and property resulting from the actions of the TOWN, unless such damages are caused by, or are the result of the misconduct of the Health District or any of the Health District's officers, agents or employees.

6. The DISTRICT agrees to hold the TOWN and any of the Towns officers, agents or employees harmless from any liability (including reasonable attorney's fees and all costs) for any and all damages to persons and property resulting from the actions of the DISTRICT, unless such damages are caused by, or are the result of, the misconduct of the TOWN or any of the Town's officers, agents or employees.
7. The TOWN and DISTRICT also agree that:
 - a. The term of this Agreement shall be from July 1, 2022 to June 30, 2023;
 - b. This agreement may be extended by mutual agreement of the parties for such periods to which the parties mutually consent;
 - c. This agreement may be terminated by either party. Such termination must be provided in writing 90 days in advance.
 - d. This agreement shall not be altered, changed or amended except for formal written amendment duly executed by both parties hereto. The performance by either party of its obligations under this Agreement shall not operate in any way as a waiver of non-compliance or breach by the other party.

IN WITNESS WHEREOF, the said TOWN OF TOLLAND, and the EASTERN HIGHLANDS HEALTH DISTRICT have executed this Contract as of the date first above written:



Date 6/30/22
Tolland Town Manager



Date 7/12/22
Robert L. Miller
Director of Health

Eastern Highlands Health District
General Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2022
(with comparative totals for June 30, 2021)

	Adopted Budget 2021/22	Amended Budget 2021/22	Percent of Amended Budget		
			2022		2021
Revenues					
Member Town Contributions	\$ 471,450	\$ 455,040	\$ 455,033	100.0%	\$ 457,535
State Grants	135,270	208,106	208,107	100.0%	136,253
Septic Permits	48,470	48,470	60,822	125.5%	61,170
Well Permits	14,400	14,400	12,875	89.4%	22,395
Soil Testing Service	33,740	33,740	51,980	154.1%	46,388
Food Protection Service	82,500	82,500	85,701	103.9%	81,930
B100a Reviews	33,540	33,540	26,810	79.9%	38,175
Septic Plan Reviews	29,380	29,380	41,205	140.2%	39,215
Other Health Services	4,700	4,700	4,061	86.4%	6,125
Miscellaneous	6,800	-	-		-
Appropriation of Fund Balance	49,808	29,658	-	0.0%	-
Total Revenues	910,058	939,534	946,593	100.8%	889,185
Expenditures					
Salaries & Wages	625,750	640,670	603,011	94.1%	591,565
Grant Deductions	(62,586)	(62,586)	(75,268)	120.3%	(156,240)
Benefits	232,289	246,845	236,969	96.0%	220,237
Miscellaneous Benefits	13,920	13,920	12,087	86.8%	9,637
Insurance	14,800	14,800	14,115	95.4%	14,603
Professional & Technical Services	17,395	17,395	32,450	186.5%	16,574
Vehicle Repairs & Maintenance	2,500	2,500	4,081	163.2%	1,522
Health Reg*Admin Overhead	30,090	30,090	30,090	100.0%	29,670
Other Purchased Services	26,800	26,800	26,257	98.0%	20,945
Other Supplies	5,500	5,500	(6,424)	-116.8%	20,084
Equipment - Minor	3,600	3,600	4,068	113.0%	2,774
Total Expenditures	910,058	939,534	881,436	93.8%	771,370
Operating Transfers					
Transfer to CNR Fund	-	-	-	0.0%	3,000
Total Exp & Oper Trans	910,058	939,534	881,436	93.8%	774,370
Excess (Deficiency) of Revenues	-	-	65,157		114,815
Fund Balance, July 1	610,152	610,152	610,152		495,337
Fund Balance plus Cont. Capital, Jun.30	\$ 610,152	\$ 610,152	\$ 675,309		\$ 610,152

Eastern Highlands Health District
General Fund
Balance Sheet
June 30, 2022
(with comparative totals for June 30, 2021)

	<u>2022</u>	<u>2021</u>
Assets		
Cash and Cash Equivalents	\$ 733,298	\$ 647,466
Accounts Receivable	<u>1,802</u>	<u>1,442</u>
Total Assets	<u><u>735,101</u></u>	<u><u>648,908</u></u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>59,792</u>	<u>38,756</u>
Total Liabilities	<u>59,792</u>	<u>38,756</u>
Fund Balance	<u>675,309</u>	<u>610,152</u>
Total Liabilities and Fund Balance	<u><u>\$ 735,101</u></u>	<u><u>\$ 648,908</u></u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Balance Sheet
June 30, 2022
(with comparative totals for June 30, 2021)

	<u>2022</u>	<u>2021</u>
Assets		
Cash and Cash Equivalents	\$ 130,112	\$ 125,980
Total Assets	<u>130,112</u>	<u>125,980</u>
Liabilities and Fund Balance		
Liabilities		
Accounts Payable	<u>1,068</u>	
Total Liabilities	<u>1,068</u>	<u>-</u>
Fund Balance	<u>106,230</u>	<u>125,980</u>
Total Liabilities and Fund Balance	\$ <u>107,298</u>	\$ <u>125,980</u>

Eastern Highlands Health District
Capital Non-Recurring Fund
Comparative Statement of Revenues, Expenditures
and Changes in Fund Balance
June 30, 2022
(with comparative totals for June 30, 2021)

	<u>2022</u>	<u>2021</u>
Revenues		
General Fund	\$ 5,200	\$ 3,000
Total Revenues	<u>5,200</u>	<u>3,000</u>
Operating Transfers		
General Fund	-	-
Total Operating Transfers	<u>-</u>	<u>-</u>
Total Rev & Oper Trans	<u>5,200</u>	<u>3,000</u>
Expenditures		
Professional & Technical Services	-	-
Vehicles	23,882	-
Computer Hardware/Software	<u>1,068</u>	<u>-</u>
Total Expenditures	<u>24,950</u>	<u>-</u>
Excess (Deficiency) of Revenues	(19,750)	3,000
Fund Balance, July 1	<u>125,980</u>	<u>122,980</u>
Fund Balance plus Cont. Capital, Jun.30	<u>\$ 106,230</u>	<u>\$ 125,980</u>

* \$23,882 encumbrance for a Ford Escape replacement vehicle. The vehicle received in FY 22/23 (PO#22003703)

Monkeypox FAQs for Local Health Departments

DPH Epidemiology and Emerging Infections Program (EEIP) Contact Information

Business hours: (860) 509-7994

After hours, weekends, holidays: (860) 509-8000 (ask for the on-call epidemiologist)

Email: dph.epi@ct.gov (for routine inquiries that are not time-sensitive only)

Please also see the CDC Clinician Monkeypox FAQ.

What is monkeypox, and why are we hearing about it?

- Cases of monkeypox in the U.S. are very rare. Multiple countries, including the United States, [are currently experiencing cases from a monkeypox outbreak](#). As of June 10, 1356 monkeypox/orthopoxvirus cases were identified worldwide, including 45 US cases.
- Monkeypox is caused by an orthopoxvirus, a virus in the same group as the virus that caused smallpox. Monkeypox usually manifests with a prodrome consisting of fever and other flu-like symptoms followed by a rash/lesions. Monkeypox is usually self-limiting and resolves after 2–4 weeks, but severe cases can occur. The mortality rate for monkeypox is usually 3–6%.
 - 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. Unlike some other diseases, the lesions usually are in the same stage of development.
 - 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.

How is monkeypox spread, and who is at risk?

- Monkeypox is not easily spread. The virus can transmit through direct contact and respiratory droplets.
- Anyone can get infected with monkeypox. Many of the cases in the current outbreak are among men who have sex with men (MSM). CDC has developed [educational materials for people who are sexually active](#).
- The CDC has identified these risk factors:
 - Had contact with someone who had a rash that looks like monkeypox or someone who was diagnosed with confirmed or probable monkeypox
 - Had skin-to-skin contact with someone in a social network experiencing monkeypox activity, this includes men who have sex with men who meet partners through an online website, digital application (“app”), or social event (e.g., a bar or party)
 - Traveled outside the U.S. to a country with confirmed cases of monkeypox or where monkeypox activity has been ongoing
 - Had contact with a dead or live wild animal or exotic pet that exists only in Africa or used a product derived from such animals (e.g., game meat, creams, lotions, powders)
- CDC has [recommendations for prevention](#) which focus on avoiding unprotected contact with anyone who is infected with monkeypox.
 - The smallpox vaccine is effective against monkeypox, but the duration of protection is not known.

Who should be tested, and how is testing done for monkeypox?

- Clinicians should be alert to patients presenting with a new rash that is clinically compatible with monkeypox or if the patient meets one of the [epidemiologic criteria](#) and there is a high clinical suspicion for monkeypox. The rash associated with monkeypox can be confused with other rashes.
- [Monkeypox testing is done in two stages](#). First, a general orthopoxvirus test is done. If that test is positive, it is followed by a specific monkeypox virus test.

- Only the state public health laboratory can perform a test for orthopoxvirus infection at this time. **Before the test is run, the provider must get approval from DPH EEIP** (phone numbers above). The provider uses dry swabs to swab over multiple lesions. Specimen collection information is available from CDC ([here](#) and [here](#)) and DPH (contact the state public health laboratory or EEIP).
 - If this preliminary test is positive, a swab will be sent to CDC for the second test. In the meantime, the person is treated as a probable monkeypox case.

How will local health departments be notified of monkeypox cases or contacts? What role will the local health department have?

- If a resident **tests positive** for orthopoxvirus at the state lab (the preliminary monkeypox test), the local health department will be called and involved in discussions regarding contact tracing.
 - Patients who are clinically well may isolate at home. CDC has [infection control recommendations](#) to prevent spread to family members.
 - The patient must isolate until their lesions heal and new skin forms, at which time they are no longer infectious. Typically, monkeypox resolves in 2–4 weeks.
 - People with severe disease or who are at risk for severe disease may receive antiviral treatment. Any requests for treatment must come to CDC from DPH.
 - Patients who test positive will be interviewed using a CDC questionnaire which will be made available at that time.
- If a resident is identified as a contact of a monkeypox case, including on a flight, the local health department will be notified by DPH.
 - Contacts undergo 21 days of monitoring from their last contact with a case. DPH or the local health department may be the first to reach out to the contact, but the local health department will continue monitoring until the 21-day period is over.
 - Asymptomatic contacts are not required to quarantine and may continue most normal daily activities.
 - Persons with high-risk exposures should not travel by plane or other public transport.
 - Monitoring might take different forms, like calls or texts, and might have different frequencies (e.g., daily, every other day, weekly, etc.) based on how risky the exposure was. These are suggested minimum contact frequencies by risk level:
 - High risk: Daily monitoring
 - Intermediate risk: Every other day monitoring
 - Low/uncertain risk: Weekly monitoring or self-monitoring
 - Recommended script for monitoring calls or texts:
Good morning/afternoon/evening, this is xx from the xx Health Department checking in to see how you are doing. Do you have a fever, chills, sweats, headache, swollen lymph nodes, or a new rash? If you have a thermometer, what is your temperature?
 - If a person under monitoring has any symptoms associated with monkeypox, they should immediately **isolate** and **EEIP should be notified by phone**. Testing might be appropriate.
 - If the person is experiencing a medical emergency, they should go to the emergency room without delay.
 - If feasible, a person with suspected monkeypox symptoms should call ahead before a medical visit.
 - **A CTEDSS form to record monitoring is forthcoming.** Until it becomes available, discuss a monitoring strategy with EEIP staff.
 - [Persons with high or intermediate risk exposures](#) may receive post-exposure prophylaxis (PEP; vaccination). Contacts should be directed to speak with their healthcare provider on the initial call notifying them of their exposure. Any requests for PEP must come to CDC from DPH.



News Release

FOR IMMEDIATE RELEASE: July 28, 2022

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

Connecticut Department Of Public Health Provides Update On Monkeypox Vaccines

HARTFORD, Conn.—The Connecticut Department of Public Health announced at a Thursday morning news conference that it will be launching a new program with partners from across the state to administer doses of the monkeypox vaccine starting Monday, Aug. 1.

“This is a national model that has been developed by the Centers for Disease Control and Prevention and it is consistent with our neighboring jurisdictions,” said DPH Commissioner Manisha Juthani, MD. “DPH is partnering with 15 community-based clinics to expand the availability and efficient delivery of the vaccine to those who need it the most.”

Commissioner Juthani stressed that the number of community-based clinics are subject to change and that the clinic locations will be posted Monday morning on the [DPH monkeypox webpage](#). Connecticut has received a limited number of the JYNNEOS vaccine based on the number of confirmed cases, as of July 27, Connecticut has 28 confirmed monkeypox cases.

JYNNEOS is a vaccine licensed by the U.S. Food and Drug Administration to prevent monkeypox infection in people ages 18 years and older. When properly administered before or after a recent exposure, JYNNEOS can be an effective tool for protecting people against monkeypox illness.

“Connecticut did not receive a large supply of vaccine like many larger cities throughout the country,” Commissioner Juthani said. “In late June, the federal government announced a phased approach to providing the limited amount of monkeypox vaccine to each state. As more vaccine is allocated to Connecticut, we are working to make it available to a larger group of at-risk persons. Based on the supply we receive, DPH is committed to vaccinating as many people as possible to prevent disease.”

Commissioner Juthani stressed that the vaccines are not available on a walk-in basis and that appointments must be made by contacting clinics directly. According to recommendations from the CDC, the eligibility criteria for the monkeypox vaccine includes:

(more)

1. Persons identified by state and local public health as being close contacts to someone who has tested positive for monkeypox
2. Connecticut residents who meet the following criteria:
 - Men who have sex with men, gay, bisexual, transgender, gender non-conforming, or gender non-binary **AND**
 - Age 18 or older **AND**
 - Have had multiple or anonymous sex partners in the last 14 days

If eligible to be vaccinated, persons should especially consider getting vaccinated if:

- Your partners are showing symptoms of monkeypox, such as a rash or sores
- You met recent partners through online applications or social media platforms (such as Grindr, Tinder or Scruff), or at clubs, raves, sex parties, saunas or other large gatherings
- You have a condition that may increase your risk for severe disease (HIV or another condition that weakens your immune system, history of atopic dermatitis or eczema)

Commissioner Juthani said that well before DPH announced the state's first confirmed case on July 5, that the agency had been designing a four-pronged approach to monkeypox that includes:

- **Education** - Providing updated information to healthcare providers, community providers and the public through regular communications, webinars, dedicated monkeypox website
- **Testing** - Continuing to offer monkeypox testing at the State Public Health Laboratory, along with five commercial laboratories
- **Treatment** - Facilitating rapid access by pre-positioning medication in the state
- **Vaccine** - Implementing a network of clinics to ensure rapid access to vaccine for eligible persons in Connecticut

"Early on, DPH has been educating health care providers on the evolving outbreak including how to recognize potential monkeypox rashes and the expanding availability of monkeypox testing through weekly email communications," Commissioner Juthani said. "The plan also included messaging to our community partners including those who interact with and serve our LGBTQ+ residents so they have the latest information to share with their clients and stakeholders."

For more information about monkeypox, please visit the [CDC monkeypox webpage](#) and the [DPH monkeypox webpage](#)

MONKEYPOX 101

LET'S STAY SAFE THIS SUMMER

01



Monkeypox virus is related to the smallpox virus.

Monkeypox symptoms are similar to smallpox, but milder and rarely fatal.

02

Monkeypox Symptoms Include:

Fever | Headache | Muscle Aches
Backache | Swollen Lymph Nodes
Chills | Exhaustion
and a Rash that can look like
Pimples or Blisters

03

Monkeypox Rash

The monkeypox rash can appear anywhere on the body including mouth, genitals and anus. The rash will blister, scab, and fall off over a two – four week period. The person is contagious until the rash has fully healed and a fresh layer of skin has formed.



04

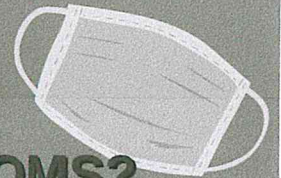


MONKEYPOX SPREADS THROUGH PHYSICAL CONTACT WITH:

- Infectious rash, scabs, or body fluids
- Personal belongings (like clothing) that have made contact with sores
- Respiratory droplets

Pregnant people can spread the virus to their fetus through the placenta.

05



**HAVE SYMPTOMS?
HERE'S WHAT TO DO:**

- Call a Healthcare provider immediately about getting tested!
- Isolate at home
- Avoid any close physical contact
- Wear a mask when around others



Eastern Highlands Health District
COVID-19
Response Activity Update
August 12, 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. **The monthly DPH/SDE meetings were paused over the summer, and will resume in September 2022.**

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 activates. Weekly report now includes case rates, and positivity rates by town.

Our latest weekly report dated August 12, 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 transitions 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 June and July 2022 we investigate and supported the town response to approximately 3 town governmental affiliated cases.
- In response to the delta variant increase in cases during the and with an upward prevalence in cases late fall 2021, the health district converted our part-time contact tracer to full-time status.
- Provided updated CDC/DPH Isolation & Quarantine guidance issued in December 2021 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 June and July an average of 80 community cases per week were supported or followed up in some fashion.
- During the month of April and May we supported the response to 4 clusters/outbreaks at 3 schools involving approximately 32 students.

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 27th & August 28th.

For the Fall 2022 semester positive cases will isolate in place. Point of care testing will be administered. There are currently no plans to mandate additional boosters.

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 28th, 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 contact 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.

Updated DPH/SDE guidance for the Fall 2022 academic year was issue early August. EHHD staff is currently reviewing guidance to align agency messaging and support with new guidance.

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 July 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 August 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.

This office worked with DPH staff in the development of template language for the ELC2 contracted scope of work as a pilot agency for this Grant. This grant award and budget was approved in the end of July 2022.

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

Here are the latest salient updates on distribution and administration.

- *As of the writing of this report, the EHHD has administered over 12556 doses in 240+ clinics throughout the Eastern Highlands Health District. 18 clinics have been hosted during the month of June and July 2022. We've conducted two pop up clinics at the Coventry FM in June and July 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 2021 to include Pfizer so that we can target school aged children.*
- *We hosted 4 large school located clinics in November 2021 and December 2021 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 15th (2021) at THS, and June 22nd at CHS.*
- *This office arranged to have UConn Health to vaccinate all the childcare professionals in the health district (2021). 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 1st 2021, 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 2021, 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 1st.*
- *The Vaccine Administration and Management System (VAMS) is driving the format and through put of the EHHD vaccination clinics. 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 (2021) 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 2021. **We have modified our weekly hours to Monday 10am to 1pm & Thursday 12 noon – 3pm for ages 5 and up, effective June 2022.**
- 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

- **Due to a recent state 2022 mandate we must transition from VAMAS to CT Wiz to manage immunization records.**
- **We have scheduled a number of pop up mobile clinics in conjunction with town festivals and events this late summer and fall.**
- **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 new variants continue to pose changes in risk.**



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: 8/11/2022

Re: NACCHO Annual Conference – Attendance Summary

This past July 19 to July 21 I had the pleasure of attending the National Association of County and City Health Officials Annual Conference in Atlanta. In addition to the general sessions, below is a brief outline and summary of the sharing sessions I attended:

- Protecting Public Health Officials and Authority: Themes, Resources, and Discussion
- LivesStories Listening Sessions with Local Health Departments
- Plenary 1 – Looking to the Future: Reshaping the Public Health System
- Addressing Stress, Burnout, and Retention- Strategies to Improve Employee Engagement and Wellness
- Tailored Messaging for Reaching Vaccine Hesitant and Resistant – Local Voices, Lived Experiences
- Plenary 2 – Data: Trusted, Accessible, and Actionable
- Preparing Local Public Health in the Era of Climate Change
- Rural and Small Health Department Accreditation Review: Key Findings
- Making the Case: Effective Advocacy Across the Political Spectrum
- Innovative and Inclusive Local Strategies for Promoting Vaccine Uptake
- Federal Partners in Health and Climate Change: Tools for Local Action

All of these sessions were informative, with a number of them providing meaningful, relevant information that I will be working to apply to the benefit of our agency. In particular, this office will be exploring a few of the tools our federal partners provided with respect to Blue Green Algae Blooms.



Eastern Highlands Health District

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Activity Report

April 1, 2022 – June 30, 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 on April 21st, the Board of Director's adopted Section 5 of the EHHD Sanitary Code, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa, effective July 1, 2022
- 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.
- A summer student intern was hired, and is now implementing the summer bathing water quality monitoring program.
- The Board authorized the execution of the Itinerant Food Vendor Memorandum of Agreement, which established licensing reciprocity for vendors in participating jurisdictions within the state.
- Staff continues working with Town of Mansfield staff to support the new elementary school project. This includes not only typical site construction oversight, but also support in responding to concerns of well water quality.
- This office issued an interim report updating stakeholders on the EHHD NaCl private well survey.
- Working with the Board the FY 21/22 & FY22/23 CNR budgets were amended to accommodate changes in the cost of fleet vehicle replacements.
- This office continues to support and participate in monthly Mansfield "Town/Gown" meeting with UConn.
- 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.
- Initiated new of Blue/Green Algae Response Protocols for Lower Bolton Lake for the Town of Bolton.



Eastern Highlands Health District

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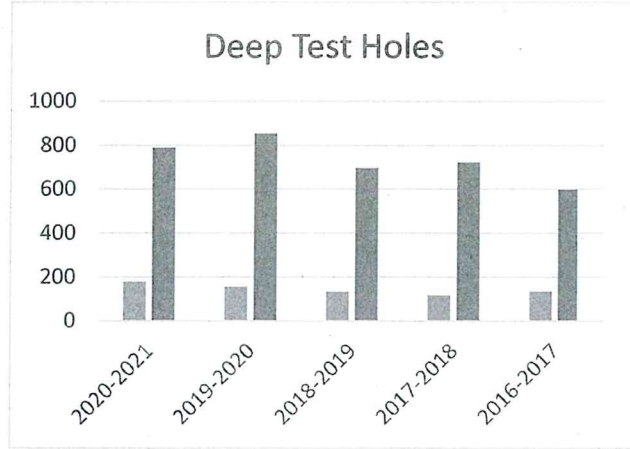
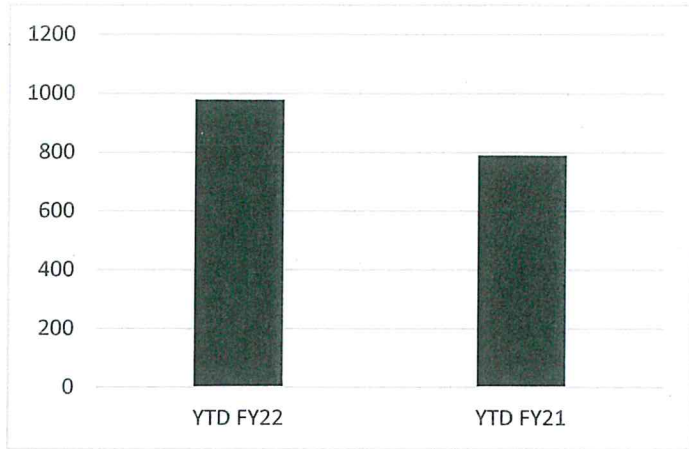
- Director's office continues to work with Town of Columbia regarding a property line dispute on a septic system location.
- *Community Health and Wellness Programs:* See separate CHWC quarterly report attached for more details. Selected highlights include lead case management, TB case management, execution of the Be Well contract for Tolland, Chronic Disease Prevention (Block Grant) activities, and other outreach initiatives.
- *Emergency Preparedness Program:* The staff position responsible for this report was recently filled. Consequently, a separate report is not available. However, highlighted EP activities for this period include staff participation in an Anthrax table top exercise, support for the drafting of a Region 4 Pandemic response AAR, and submission of the proposed PHEP budget for FY22/23.

Plans for the Next Quarter

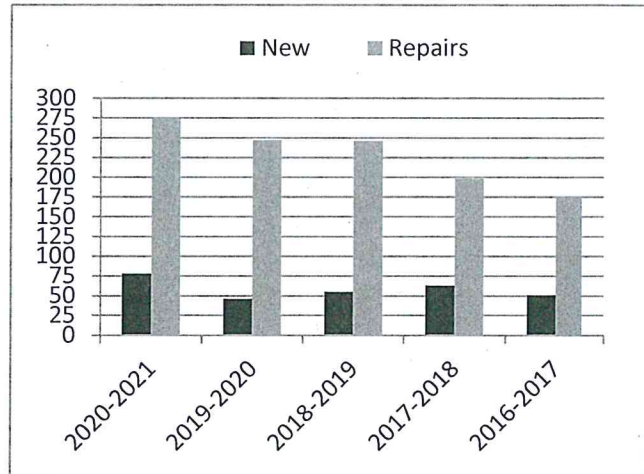
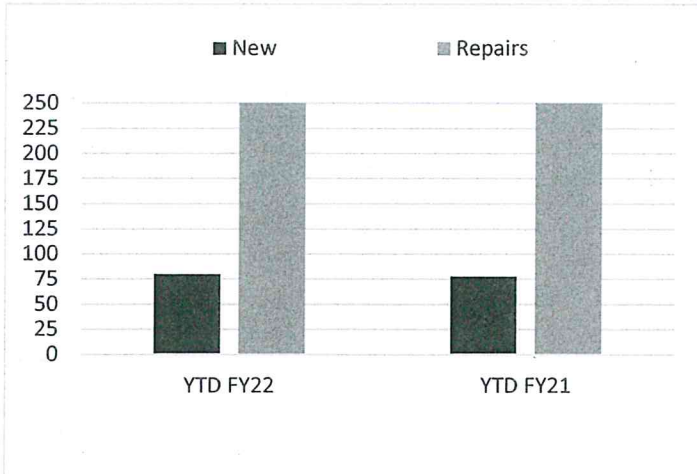
- See separate report on COVID-19 response activities planned for next quarter.
- Attend the NACCHO Annual conference in Atlanta.
- Engage Town of Coventry stakeholders regarding the Blue Green Algae mitigation plan for Coventry Lake.
- Implement Cosmetology Permitting and Inspection program including processing application, fees and conducting initial inspections.
- Plan and prepare for the emergency risk of Monkey Pox community transmission.
- Transition Complaint Tracking and Investigation program from FileMaker platform to OpenGov platform.
- Advance recruitment activities to fill an environmental health field staff vacancy.
- Continue to support Coventry and Tolland in their efforts work with DEEP on the NaCl private well contamination matter.
- Continue to support Mansfield with new school project and concerns associated with drinking water.

Statistical Report (Attached)

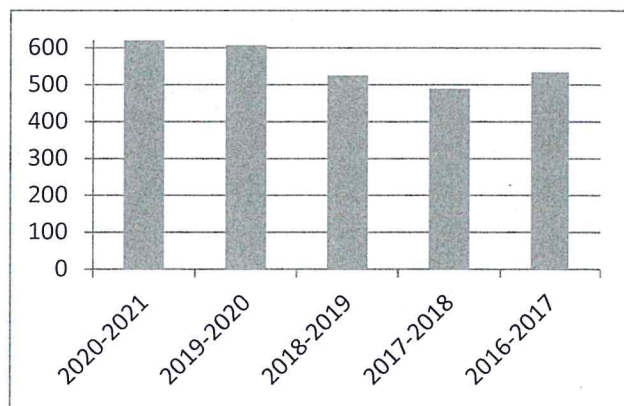
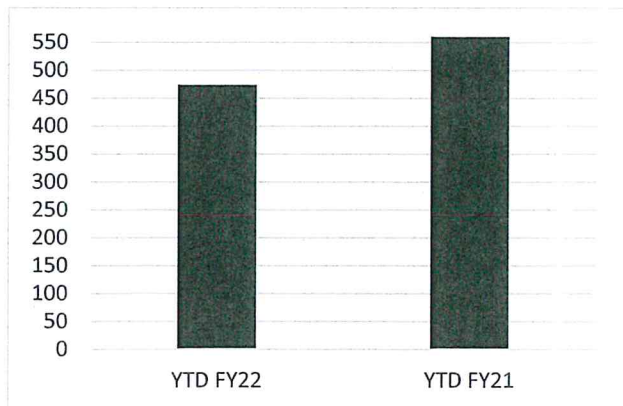
Deep Test Holes



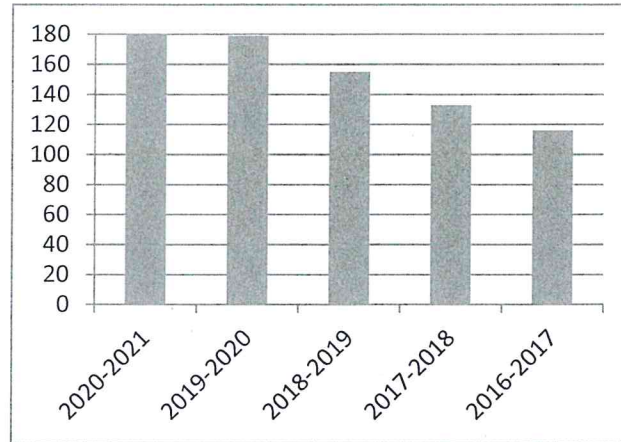
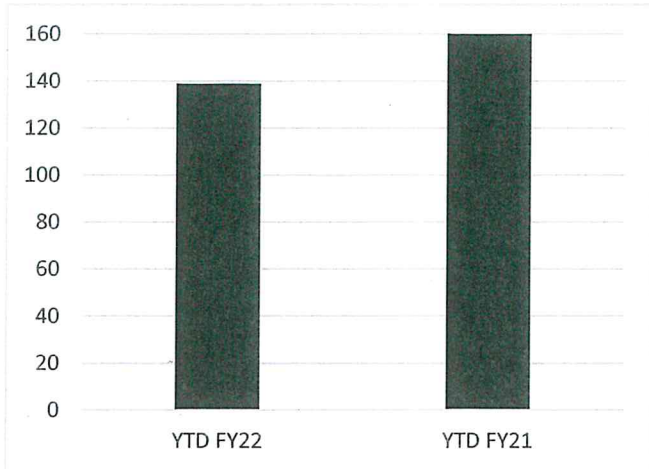
Septic Permits Issued



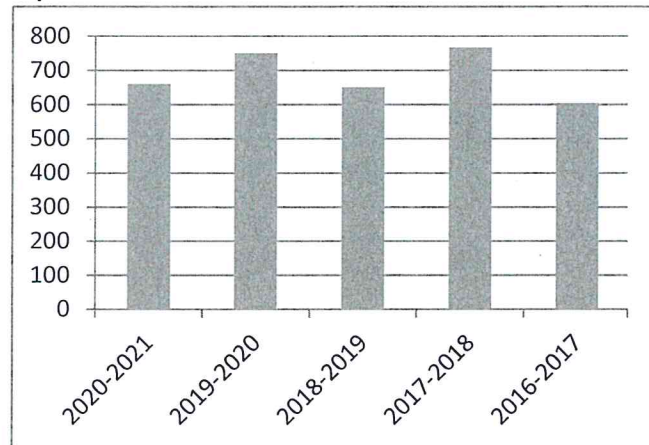
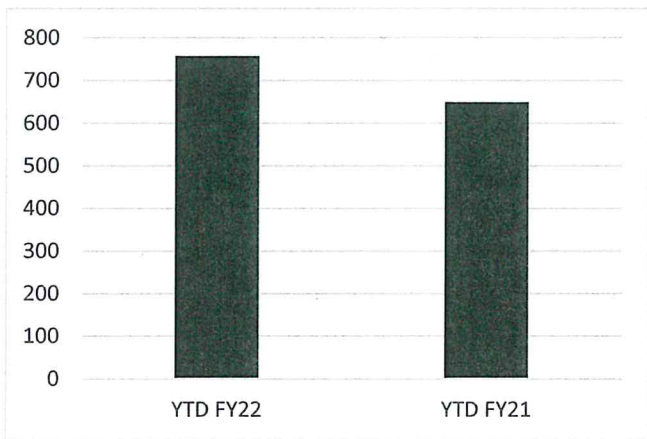
Public Health Reviews



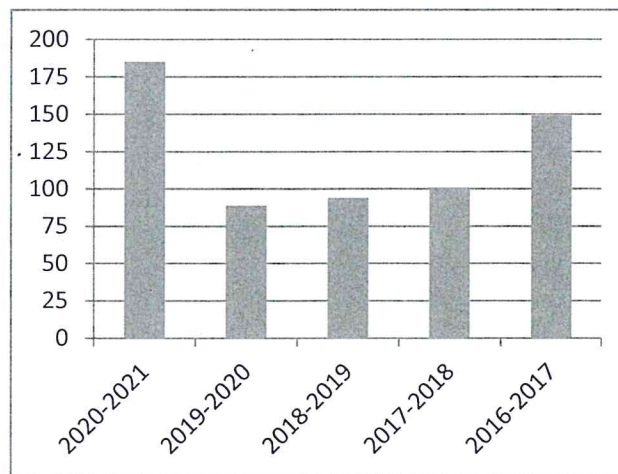
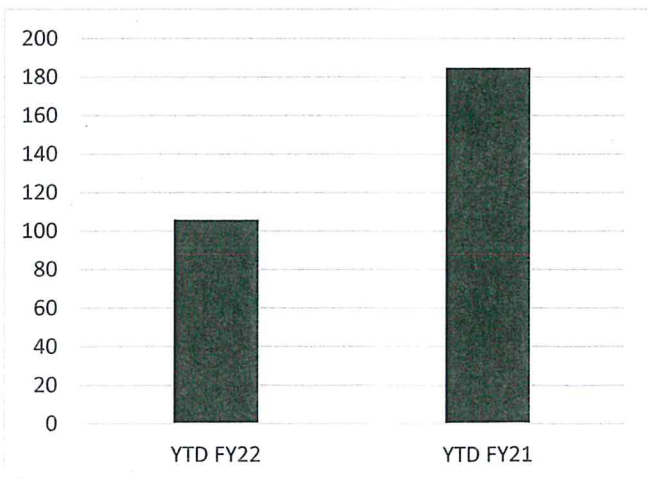
Complaints



Food Service Inspections



Well Permits



EASTERN HIGHLANDS HEALTH DISTRICT FOURTH QUARTER FISCAL YEAR 2021-2022							
April 1, 2021 - June 30, 2022							
Activity Indicators		MONTHS					
		April	May	June	Total	YTD FY22	YTD FY21
<u>COMMUNITY HEALTH ACTIVITIES</u>							
<i>Communicable Disease Control</i>							
	Case reports reviewed	39	55	27	121	712	689
	Preliminary follow ups				0	3	0
	Investigations		1		1	3	0
<i>Public Health Education</i>							
	Programs	(see narrative for program description)					
<u>ENVIRONMENTAL HEALTH ACTIVITIES</u>							
<i>Complaints</i>							
	Air Quality	0	0	1	1	2	1
	Animals/Animal Waste	1	0	0	1	2	0
	Activity without Permit	1	0	0	1	1	4
	Food Protection	2	0	2	4	20	4
	Housing Issues	1	4	1	6	44	21
	Emergency Response	0	0	0	0	3	1
	Refuse/Garbage	0	1	1	2	8	9
	Rodents/Insects	1	0	0	1	8	4
	Septic/Sewage	3	1	2	6	20	16
	Other	2	1	0	3	8	7
	Water Quality	3	1	1	5	9	7
	Covid-19	3	1	1	5	14	109
	Total	17	9	9	35	139	183
<i>Health Inspection</i>							
	Group homes	0	0	0	0	0	2
	Day Care	4	1	0	5	16	2
	Camps	0	1	2	3	9	5
	Public Pool	0	1	3	4	12	8
	Other	0	0	1	1	2	10
	Schools	0	0	0	0	1	0
	Mortgage, FHA, VA	0	0	0	0	0	0
	Bathing Areas	0	0	4	4	4	0
	Total	4	3	10	17	44	27
<i>On-site Sewage Disposal</i>							
	Site inspection	76	85	85	246	804	892
	Deep hole tests	75	87	76	238	979	790
	Percolation tests	23	21	23	67	260	255
	Permits issued, new	12	9	13	34	80	78
	Permits issued, repair	27	33	34	94	279	275
	Site Plans Reviewed	31	43	43	117	390	254
	Public Health Reviews	52	48	63	163	474	707
<i>Wells</i>							
	Well sites inspected	8	6	7	21	80	103
	Well permits issued	10	8	14	32	106	185
<i>Laboratory Activities (samples taken)</i>							
	Potable water	0	0	0	0	1	2
	Surface water	0	36	83	119	322	291
	Ground water	0	0	1	1	1	0
	Rabies	0	1	0	1	1	2
	Lead	0	0	0	0	0	0
	Other	3	8	10	21	33	26
<i>Food Protection</i>							
	Inspections	27	78	53	158	568	462
	Reinspections	5	7	9	21	90	97
	Temporary permits	22	36	26	84	148	82
	Temporary inspections*	0	0	46	46	80	25
	Plan review	0	0	0	0	7	11
	Pre-operational inspections	0	3	1	4	20	66
	Total Inspections	32	88	109	229	758	650
<i>Lead Activities</i>							
	Housing inspection	2	0	0	2	2	3
	Abate plan reviewed	0	0	0	0	0	0
<u>MISCELLANEOUS ACTIVITIES</u>							
	Planning and Zoning referrals	0	1	2	3	5	8
	Subdivision reviewed (# of lots)	0	0	0	0	3	11

ANDOVER QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	4
Housing Issues				0	6
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects				0	1
Septic/Sewage	1			1	6
Other				0	3
Water Quality				0	5
COVID-19				0	5
Total	1	0	0	1	35

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	3
Public Pool				0	4
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	4
Total	0	0	0	0	17

On-site Sewage Disposal

Site inspection -- all site visits	5	6	8	19	246
Deep hole tests -- number of holes	3	6	5	14	238
Percolation tests -- number of holes		2	1	3	67
Permits issued, new			1	1	34
Permits issued, repair	4	2	3	9	94
Site plans reviewed	3	2	5	10	117
Public Health Reviews		2	2	4	163

Wells

Well sites inspected			1	1	21
Well permits issued	1			1	32

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		2	6	8	119
Ground water				0	1
Rabies				0	1
Lead				0	0
Other			1	1	21

Food Protection

Inspections	3	1	1	5	158
Reinspections				0	21
Temporary permits	2			2	84
Temporary inspections				0	46
Plan reviews				0	0
Pre-operational inspections				0	4

Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals		1		1	3
Subdivision reviewed (per lot)				0	0

	A	B	C	D	E	F	G	H	I
1	ASHFORD QUARTERLY REPORT								
2	April 1, 2022 - June 30, 2022								
3									
4	Activity Indicators								
5									
6					<u>April</u>	<u>May</u>	<u>June</u>	<u>Total</u>	<u>District Total</u>
7	ENVIRONMENTAL HEALTH ACTIVITIES								
8	Complaints								
9		Air Quality						0	1
10		Animals/Animal Waste						0	1
11		Activity Without Proper Permits						0	1
12		Food Protection					1	1	4
13		Housing Issues			2			2	6
14		Emergency Response						0	0
15		Refuse/Garbage						0	2
16		Rodents/Insects						0	1
17		Septic/Sewage						0	6
18		Other						0	3
19		Water Quality			1		1	2	5
20		COVID-19						0	5
21		Total		0	3		2	5	35
22	Health Inspection								
23		Group homes						0	0
24		Day Care						0	5
25		Camps					1	1	3
26		Public Pool					1	1	4
27		Other						0	1
28		Schools						0	0
29		Mortgage, FHA, VA						0	0
30		Bathing Areas						0	4
31		Total		0	0		2	2	17
32	On-site Sewage Disposal								
33		Site inspection -- all site visits		2	3		9	14	246
34		Deep hole tests -- number of holes		6	9		3	18	238
35		Percolation tests -- number of holes		2	3		1	6	67
36		Permits issued, new			3		2	5	34
37		Permits issued, repair		1	5		6	12	94
38		Site plans reviewed		3	5		6	14	117
39		Public Health Reviews		3	2		17	22	163
40	Wells								
41		Well sites inspected						0	21
42		Well permits issued			2			2	32
43	Laboratory Activities (samples taken)								
44		Potable water						0	0
45		Surface water			2		4	6	119
46		Ground water						0	1
47		Rabies						0	1
48		Lead						0	0
49		Other			1			1	21
50	Food Protection								
51		Inspections			7		6	13	158
52		Reinspections			1			1	21
53		Temporary permits			1		6	7	84
54		Temporary inspections						0	46
55		Plan reviews						0	0
56		Pre-operational inspections						0	4
57	Lead Activities								
58		Housing inspection						0	2
59		Abate plan reviewed						0	0
60	MISCELLANEOUS ACTIVITIES								
61		Planning and Zoning referrals						0	3
62		Subdivision reviewed (per lot)						0	0
63									

BOLTON QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	4
Housing Issues				0	6
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects				0	1
Septic/Sewage				0	6
Other	1			1	3
Water Quality				0	5
COVID-19				0	5
Total	1	0	0	1	35

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	3
Public Pool				0	4
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	4
Total	0	0	0	0	17

On-site Sewage Disposal

Site inspection -- all site visits	11	9	7	27	246
Deep hole tests -- number of holes		15		15	238
Percolation tests -- number of holes		5		5	67
Permits issued, new		1		1	34
Permits issued, repair	4	1	2	7	94
Site plans reviewed	5	2	3	10	117
Public Health Reviews	3	3	1	7	163

Wells

Well sites inspected	1	1		2	21
Well permits issued			1	1	32

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		4	8	12	119
Ground water				0	1
Rabies				0	1
Lead				0	0
Other			1	1	21

Food Protection

Inspections	3	7	1	11	158
Reinspections			1	1	21
Temporary permits	4	8	9	21	84
Temporary inspections			18	18	46
Plan reviews				0	0
Pre-operational inspections				0	4

Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	0

CHAPLIN QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	4
Housing Issues		1		1	6
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects				0	1
Septic/Sewage				0	6
Other				0	3
Water Quality				0	5
COVID-19				0	5
Total	0	1	0	1	35
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	5
Camps		1		1	3
Public Pool				0	4
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	4
Total	0	1	0	1	17
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	2	1	1	4	246
Deep hole tests -- number of holes			6	6	238
Percolation tests -- number of holes			3	3	67
Permits issued, new	2			2	34
Permits issued, repair		1	1	2	94
Site plans reviewed	1	1		2	117
Public Health Reviews		1	2	3	163
<i>Wells</i>					
Well sites inspected			1	1	21
Well permits issued			1	1	32
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water				0	119
Ground water				0	1
Rabies				0	1
Lead				0	0
Other		1		1	21
<i>Food Protection</i>					
Inspections		6		6	158
Reinspections		3	1	4	21
Temporary permits	2	1	1	4	84
Temporary inspections				0	46
Plan reviews				0	0
Pre-operational inspections		1	1	2	4
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	0

COLUMBIA QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
ENVIRONMENTAL HEALTH ACTIVITIES					
<i>Complaints</i>					
Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	4
Housing Issues				0	6
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects				0	1
Septic/Sewage				0	6
Other				0	3
Water Quality				0	5
COVID-19				0	5
Total	0	0	0	0	35
<i>Health Inspection</i>					
Group homes				0	0
Day Care				0	5
Camps				0	3
Public Pool				0	4
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	4
Total	0	0	0	0	17
<i>On-site Sewage Disposal</i>					
Site inspection -- all site visits	14	12	6	32	246
Deep hole tests -- number of holes	3	3		6	238
Percolation tests -- number of holes		1		1	67
Permits issued, new			2	2	34
Permits issued, repair	3	2	4	9	94
Site plans reviewed	2	5	2	9	117
Public Health Reviews	6	1	3	10	163
<i>Wells</i>					
Well sites inspected	2	2	2	6	21
Well permits issued	1		3	4	32
<i>Laboratory Activities (samples taken)</i>					
Potable water				0	0
Surface water		4	8	12	119
Ground water				0	1
Rabies				0	1
Lead				0	0
Other				0	21
<i>Food Protection</i>					
Inspections	1	6	3	10	158
Reinspections				0	21
Temporary permits		1		1	84
Temporary inspections				0	46
Plan reviews				0	0
Pre-operational inspections		1		1	4
<i>Lead Activities</i>					
Housing inspection				0	2
Abate plan reviewed				0	0
MISCELLANEOUS ACTIVITIES					
Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	0

COVENTRY QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	4
Housing Issues				0	6
Emergency Response				0	0
Refuse/Garbage			1	1	2
Rodents/Insects				0	1
Septic/Sewage				0	6
Other				0	3
Water Quality	1			1	5
COVID-19				0	5
Total	1	0	1	2	35

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	3
Public Pool				0	4
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas			4	4	4
Total	0	0	4	4	17

On-site Sewage Disposal

Site inspection -- all site visits	11	17	18	46	246
Deep hole tests -- number of holes	24	17	29	70	238
Percolation tests -- number of holes	7	2	7	16	67
Permits issued, new	1	2	2	5	34
Permits issued, repair	6	1	2	9	94
Site plans reviewed	6	3	4	13	117
Public Health Reviews	13	13	10	36	163

Wells

Well sites inspected	2	1	1	4	21
Well permits issued	3	1	5	9	32

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		18	40	58	119
Ground water				0	1
Rabies				0	1
Lead				0	0
Other	1	3		4	21

Food Protection

Inspections	4	16	5	25	158
Reinspections			1	1	21
Temporary permits	12	18	8	38	84
Temporary inspections			26	26	46
Plan reviews				0	0
Pre-operational inspections				0	4

Lead Activities

Housing inspection	2			2	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals			2	2	3
Subdivision reviewed (per lot)				0	0

MANSFIELD QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection	2		1	3	4
Housing Issues		1		1	6
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects	1			1	1
Septic/Sewage			1	1	6
Other		1		1	3
Water Quality	1			1	5
COVID-19	3		1	4	5
Total	7	2	3	12	35

Health Inspection

Group homes				0	0
Day Care	2			2	5
Camps				0	3
Public Pool		1	1	2	4
Other			1	1	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	4
Total	2	1	2	5	17

On-site Sewage Disposal

Site inspection -- all site visits	21	18	14	53	246
Deep hole tests -- number of holes	15	12	18	45	238
Percolation tests -- number of holes	6	2	5	13	67
Permits issued, new	3	3	1	7	34
Permits issued, repair	4	7	5	16	94
Site plans reviewed	4	10	7	21	117
Public Health Reviews	7	5	11	23	163

Wells

Well sites inspected			2	2	21
Well permits issued		4	1	5	32

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		2	5	7	119
Ground water				0	1
Rabies				0	1
Lead				0	0
Other	1	2	7	10	21

Food Protection

Inspections	13	29	20	62	158
Reinspections	3	3	6	12	21
Temporary permits				0	84
Temporary inspections				0	46
Plan reviews				0	0
Pre-operational inspections		1		1	4

Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	0

SCOTLAND QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste	1			1	1
Activity Without Proper Permits				0	1
Food Protection				0	4
Housing Issues				0	6
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects				0	1
Septic/Sewage				0	6
Other				0	3
Water Quality				0	5
COVID-19				0	5
Total	1	0	0	1	35

Health Inspection

Group homes				0	0
Day Care				0	5
Camps			1	1	3
Public Pool			1	1	4
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	4
Total	0	0	2	2	17

On-site Sewage Disposal

Site inspection -- all site visits	1	2		3	246
Deep hole tests -- number of holes	3			3	238
Percolation tests -- number of holes	1		1	2	67
Permits issued, new				0	34
Permits issued, repair	1	2		3	94
Site plans reviewed	1	1		2	117
Public Health Reviews	1	3	2	6	163

Wells

Well sites inspected		1		1	21
Well permits issued		1		1	32

Laboratory Activities (samples taken)

Potable water				0	0
Surface water				0	119
Ground water				0	1
Rabies				0	1
Lead				0	0
Other				0	21

Food Protection

Inspections			1	1	158
Reinspections				0	21
Temporary permits			1	1	84
Temporary inspections				0	46
Plan reviews				0	0
Pre-operational inspections				0	4

Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	0

TOLLAND QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality			1	1	1
Animals/Animal Waste				0	1
Activity Without Proper Permits				0	1
Food Protection				0	4
Housing Issues				0	6
Emergency Response				0	0
Refuse/Garbage		1		1	2
Rodents/Insects				0	1
Septic/Sewage		1		1	6
Other	1			1	3
Water Quality				0	5
COVID-19		1		1	5
Total	1	3	1	5	35

Health Inspection

Group homes				0	0
Day Care	2	1		3	5
Camps				0	3
Public Pool				0	4
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	4
Total	2	1	0	3	17

On-site Sewage Disposal

Site inspection -- all site visits	5	16	19	40	246
Deep hole tests -- number of holes	18	13	12	43	238
Percolation tests -- number of holes	6	3	4	13	67
Permits issued, new	1		3	4	34
Permits issued, repair	1	11	10	22	94
Site plans reviewed	3	12	13	28	117
Public Health Reviews	11	16	10	37	163

Wells

Well sites inspected	3	1		4	21
Well permits issued	3		3	6	32

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		2	8	10	119
Ground water			1	1	1
Rabies		1		1	1
Lead				0	0
Other	1		1	2	21

Food Protection

Inspections	2	6	8	16	158
Reinspections	1			1	21
Temporary permits	2	2		4	84
Temporary inspections			2	2	46
Plan reviews				0	0
Pre-operational inspections				0	4

Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	0

WILLINGTON QUARTERLY REPORT

April 1, 2022 - June 30, 2022

Activity Indicators

	April	May	June	Total	District Total
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ENVIRONMENTAL HEALTH ACTIVITIES

Complaints

Air Quality				0	1
Animals/Animal Waste				0	1
Activity Without Proper Permits	1			1	1
Food Protection				0	4
Housing Issues	1		1	2	6
Emergency Response				0	0
Refuse/Garbage				0	2
Rodents/Insects				0	1
Septic/Sewage	2		1	3	6
Other				0	3
Water Quality	1			1	5
COVID-19				0	5
Total				7	35

Health Inspection

Group homes				0	0
Day Care				0	5
Camps				0	3
Public Pool				0	4
Other				0	1
Schools				0	0
Mortgage, FHA, VA				0	0
Bathing Areas				0	4
Total	0	0	0	0	17

Site inspection -- all site visits	4	1	3	8	246
Deep hole tests -- number of holes	3	12	3	18	238
Percolation tests -- number of holes	1	3	1	5	67
Permits issued, new	5		2	7	34
Permits issued, repair	3	1	1	5	94
Site plans reviewed	3	2	3	8	117
Public Health Reviews	8	2	5	15	163

Wells

Well sites inspected				0	21
Well permits issued	2			2	32

Laboratory Activities (samples taken)

Potable water				0	0
Surface water		2	4	6	119
Ground water				0	1
Rabies				0	1
Lead				0	0
Other		1		1	21

Food Protection

Inspections	1		8	9	158
Reinspections	1			1	21
Temporary permits		5	1	6	84
Temporary inspections				0	46
Plan reviews				0	0
Pre-operational inspections				0	4

Lead Activities

Housing inspection				0	2
Abate plan reviewed				0	0

MISCELLANEOUS ACTIVITIES

Planning and Zoning referrals				0	3
Subdivision reviewed (per lot)				0	0



News Release

FOR IMMEDIATE RELEASE: July 28, 2022

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

Connecticut Department Of Public Health Provides Update On Monkeypox Vaccines

HARTFORD, Conn.—The Connecticut Department of Public Health announced at a Thursday morning news conference that it will be launching a new program with partners from across the state to administer doses of the monkeypox vaccine starting Monday, Aug. 1.

“This is a national model that has been developed by the Centers for Disease Control and Prevention and it is consistent with our neighboring jurisdictions,” said DPH Commissioner Manisha Juthani, MD. “DPH is partnering with 15 community-based clinics to expand the availability and efficient delivery of the vaccine to those who need it the most.”

Commissioner Juthani stressed that the number of community-based clinics are subject to change and that the clinic locations will be posted Monday morning on the [DPH monkeypox webpage](#). Connecticut has received a limited number of the JYNNEOS vaccine based on the number of confirmed cases, as of July 27, Connecticut has 28 confirmed monkeypox cases.

JYNNEOS is a vaccine licensed by the U.S. Food and Drug Administration to prevent monkeypox infection in people ages 18 years and older. When properly administered before or after a recent exposure, JYNNEOS can be an effective tool for protecting people against monkeypox illness.

“Connecticut did not receive a large supply of vaccine like many larger cities throughout the country,” Commissioner Juthani said. “In late June, the federal government announced a phased approach to providing the limited amount of monkeypox vaccine to each state. As more vaccine is allocated to Connecticut, we are working to make it available to a larger group of at-risk persons. Based on the supply we receive, DPH is committed to vaccinating as many people as possible to prevent disease.”

Commissioner Juthani stressed that the vaccines are not available on a walk-in basis and that appointments must be made by contacting clinics directly. According to recommendations from the CDC, the eligibility criteria for the monkeypox vaccine includes:

(more)

1. Persons identified by state and local public health as being close contacts to someone who has tested positive for monkeypox
2. Connecticut residents who meet the following criteria:
 - Men who have sex with men, gay, bisexual, transgender, gender non-conforming, or gender non-binary **AND**
 - Age 18 or older **AND**
 - Have had multiple or anonymous sex partners in the last 14 days

If eligible to be vaccinated, persons should especially consider getting vaccinated if:

- Your partners are showing symptoms of monkeypox, such as a rash or sores
- You met recent partners through online applications or social media platforms (such as Grindr, Tinder or Scruff), or at clubs, raves, sex parties, saunas or other large gatherings
- You have a condition that may increase your risk for severe disease (HIV or another condition that weakens your immune system, history of atopic dermatitis or eczema)

Commissioner Juthani said that well before DPH announced the state's first confirmed case on July 5, that the agency had been designing a four-pronged approach to monkeypox that includes:

- **Education** - Providing updated information to healthcare providers, community providers and the public through regular communications, webinars, dedicated monkeypox website
- **Testing** - Continuing to offer monkeypox testing at the State Public Health Laboratory, along with five commercial laboratories
- **Treatment** - Facilitating rapid access by pre-positioning medication in the state
- **Vaccine** - Implementing a network of clinics to ensure rapid access to vaccine for eligible persons in Connecticut

"Early on, DPH has been educating health care providers on the evolving outbreak including how to recognize potential monkeypox rashes and the expanding availability of monkeypox testing through weekly email communications," Commissioner Juthani said. "The plan also included messaging to our community partners including those who interact with and serve our LGBTQ+ residents so they have the latest information to share with their clients and stakeholders."

For more information about monkeypox, please visit the [CDC monkeypox webpage](#) and the [DPH monkeypox webpage](#)

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

ENVIRONMENTAL HEALTH AND DRINKING WATER BRANCH

EHS Circular Letter 2022-33

To: Local Directors of Health
Certified Food Inspectors
Interested Parties

From: Lori J. Mathieu, Chief *Lori J. Mathieu '22*
Environmental Health & Drinking Water Branch

Date: June 20, 2022

Subject: Status of Draft Regulations to Implement the FDA Food Code

The Department of Public Health (DPH) Food Protection Program (FPP) is pleased to announce that the draft regulations to implement the FDA Food Code (Code) are now posted on the Secretary of State website initiating a 30-day comment period.

[eRegulations - Regulation Making Record For Tracking Number PR2018-017 \(ct.gov\)](#)

Background

In 2017 legislation was passed that modified the Connecticut General Statutes to include language to adopt the FDA Food Code and allow DPH to adopt regulations to implement the Code [See §19a-36h (a) and (b)]. Regulations were drafted and approved by the Governor's Office and have now been posted on the Secretary of State website along with the Notice of Intent. The 30-day comment period that began on the day the regulations were posted will end on July 18, 2022. An extensive effort was made to involve all interested parties in the review of the regulations before submission and it is hoped that they will proceed to the next step without major changes being required.

Next Steps

DPH will respond to any comments received during the 30-day comment period and then submit them to the Office of the Attorney General for legal review for sufficiency. If approved, the regulations continue through the review process to the Legislative Regulation Review Committee (LRRRC). If approved by the LRRRC, the regulations are submitted to the Secretary of State for publication on the eRegulations System. For an overview of the regulation review process go to [eRegulations Information \(ct.gov\)](#) and click on *Regulation Making in Connecticut*.

Summary

After a long wait, the draft regulations that will implement the FDA Food Code as Connecticut's retail food regulations



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-

have moved to the next step in the process for adoption – posting on the Secretary of State website. The FPP will respond to any comments received during the 30-day comment period and make revisions if needed. Although there are still several steps in the review process before they are approved, it is hoped that major changes will not be required due to the extensive collaboration with interested parties during the development stage.

Until the proposed regulations receive final approval, certified food inspectors are reminded to enforce Sections 19-13-B40, 19-13-B42, 19-13-B48, and 19-13-B49 of the Regulations of Connecticut State Agencies. The FPP recognizes that refresher training on the FDA Food Code and the new regulations will be needed and will notify local health departments once the training is available.

Please contact Cynthia Costa of the FPP at 860-509-7297 or Cynthia.costa@ct.gov if you have questions concerning this notice.

c: Heather Aaron, MPH, LNHA Deputy Commissioner
Jim Vannoy, MPH, Section Chief, Environmental Health Section
Tracey Weeks, MS, RS, Coordinator, Food Protection Program



July 5, 2022

Re: NEW PERMITTING & INSPECTION REQUIREMENTS FOR YOUR BUSINESS

Dear Business Owner/Operator:

Subsequent to a public hearing held on June 16, 2022, the Eastern Highlands Health District (EHHD) Board of Directors approved amendments to the EHHD Sanitary Code, which go into effect on July 1, 2022. These amendments establish *Section 5, Barbershop, Hairdressing, Cosmetology, Nail Salon and Spa* provisions in the Code (Please download and read the Code. It can be downloaded from www.ehhd.org/cosmetology.) ***You are receiving this communication because your business must comply with this new Code.*** The main provisions of this Code include the following:

- The submission and approval of an application for a permit to operate the business, which is renewed annually
- Place of business sanitary inspections, which are conducted annually by EHHD staff
- Establishment of sanitary inspection standards

Next Steps For Your Business

1. As soon as possible, but no later than August 19, 2022 submit your online permit application and fee by going to <https://easternhighlandshealthdistrict.viewpointcloud.com> (See the attached instructions on how to apply online.)
2. After you have completed your online application, email ehhd@ehhd.org or call us at 860-429-3325 to schedule your first inspection.

After reading Section 5 of the EHHD Sanitary Code, we strongly recommend you conduct a self-guided inspection of your business, prior to your scheduled inspection with EHHD inspection staff to gain some perspective on your current level of compliance. A copy of the inspection form can be found at www.ehhd.org/cosmetology.

With the above said, we understand that after reading Section 5 of the EHHD Sanitary Code, these new rules may seem burdensome for some businesses that have been operating the same way for many years. Questions regarding hand sink requirements, disinfectant contact times, and other matters were raised by your fellow business owners during the public hearing



Eastern Highlands Health District

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process. In response to these questions, if it is determined during the inspection process that improvements to your business are appropriate, then we at the EHHD want to assure you that we will be working with you on a reasonable approach, which provides the flexibility necessary to facilitate those improvements. We, like you, have the same goal – to provide your customers with a safe, quality product.

Please do not hesitate to email ehhd@ehhd.org, or call us at 860-429-3325 with any questions. We are here to assist!

Yours in Health,

Robert L. Miller, MPH, RS
Director of Health

Attached: Online Permit Application Instructions

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Environmental Health and Drinking Water Branch

EHS Circular Letter #2022-39

DATE: July 20, 2022

TO: Local Directors of Health

FROM: Lori Mathieu
Branch Chief, Environmental Health and Drinking Water

Lori J. Mathieu '22

RE: Reciprocal licensing of itinerant food vendors

In July 2018, CGS Sec. 19a36i (e) was adopted by the Connecticut Legislature. This amendment required the Department of Public Health to collaborate with directors of health to create a reciprocal licensing system of itinerant food vending establishments so that food vendors licensed or permitted in one town, or city or borough can operate in other towns, cities, or boroughs without the need for additional food licenses.

To comply with the statute, DPH has worked with the Connecticut Association of Directors of Health, the Connecticut Environmental Health Association, the Governor's Office, elected State Officials, Council of Small Towns, Connecticut Council of Municipalities, the Connecticut Restaurant Association, and itinerant food vendors. The product of this collaborative effort is a memorandum of agreement (MOA) developed that provides a framework for agreements among local health departments and health districts (LHD). The MOA allows itinerant food vendors who are licensed by one of the LHD that signs the MOA to operate in the other jurisdictions covered by LHD that have also signed the agreement.

In order to allow for sharing of information on the licensing and permitting as well as the inspection reports of itinerant food vendors among LHD, DPH has created a database that allows LHD officials to upload and view permits/licenses and food safety inspection reports. The DPH Food Protection Program is training local health staff on the use of the database. This training will be completed by the end of July. A digital recording will be available for LHD staff who are not able to make the initial training dates.

Matt Payne of the Food Protection Program will be working with LHD to enter IFV into the database. An Excel sheet will be provided to the LHD who want to be part of the agreement. The sheets can be filled out by LHD staff and returned to Matt. This information will be going out in an email to the LHD who have expressed an interest in participating in the CADH survey that recently went out. If you did not fill out the survey and are interested in participating, let Matt know. His email is Matthew.Payne@ct.gov.

To facilitate communications, DPH is standing up a webpage that will provide LHD and itinerant food vendors with a list of LHDs that have signed the MOU. The webpage will also provide frequently asked



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questions (FAQs) for both LHD and itinerant food vendors and access to the training for use of the database by local health officials.

The MOA will be sent to LHD before the end of July to LHD so they can review with their chief elected officials and/or boards. Once signed, the MOU will be returned to DPH so that the agreement can be logged in and the webpage updated with the name of participating LHD. The MOA is set to expire on December 31, 2032, but there will be a reevaluation of the MOA at the end of three years. Also, LHD can agree and sign the MOU at any time. If an LHD wants to terminate its agreement, it must provide 120 day written notice to DPH of its intentions.

C: Heather Aaron, MPH, LNHA, Deputy Commissioner
Jim Vannoy, MPH, Chief, Environmental Health Section, DPH
Connecticut Restaurant Association
Connecticut Association of Directors of Health
Connecticut Environmental Health Association
Council of Small Towns
Connecticut Council of Municipalities
Representative Kate Farrar
Representative Phil Young



News Release

FOR IMMEDIATE RELEASE: June 15, 2022

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

14

Connecticut Department Of Public Health Updates Drinking Water Action Level For Per And Polyfluoroalkyl Substances (PFAS)

HARTFORD, Conn.—The Connecticut Department of Public Health updated its drinking water Action Levels for Per- and Polyfluoroalkyl Substances (PFAS) which are:

- 10 parts-per-trillion (ppt; ng/L) for perfluorooctane sulfonic acid (PFOS)
- 12 parts-per-trillion (ppt; ng/L) for perfluorononanoic acid (PFNA)
- 16 parts-per trillion (ppt; ng/L) for perfluorooctanoic acid (PFOA)
- 49 parts-per-trillion (ppt; ng/L) for perfluorohexane sulfonic acid (PFHxS)

“The new action levels for individual PFAS reflect the evolving scientific evidence on their toxicity and are more protective of public health than the previous Connecticut action levels,” said DPH Commissioner Manisha Juthani, MD.

Commissioner Juthani added that Connecticut’s new individual PFAS Action Levels also are consistent with the range of drinking water guidelines and standards recently established by other states, including neighboring states in the northeast. Connecticut’s Drinking Water Action Levels protect all residents, including sensitive populations, from adverse health effects from a lifetime of exposure to these PFAS in drinking water.

In light of these updated Connecticut Drinking Water Action Levels, DPH has renewed its recommendation to all public water systems to test the water delivered to their customers for PFAS and to report the results. It is DPH’s expectation that public water systems with PFAS in the water distributed to customers will inform their customers and evaluate actions the water systems can take to reduce exposures, such as taking a source of supply off-line, if possible, blend with other sources or turn to an alternative source of drinking water while the system works with DPH on possible treatment or source replacement.

Action Levels can be used as guidance by Local Health Departments and private well owners when evaluating the potability of well water. Action Levels are non-enforceable and are intended to be used as guidance by Local Health Departments and private well owners when evaluating the potability of well water. There are currently no enforceable federal drinking water standards for chemicals in the PFAS family. This action level update is a result of ongoing implementation of Human Health Recommendation 1.1.e. of Governor Ned Lamont’s Connecticut Interagency PFAS Task Force [PFAS Action Plan](#).

(more)

PFAS are a group of more than 5,000 manufactured chemicals with many useful properties including the ability to repel water, prevent staining, and increase heat resistance. PFAS have many industrial and consumer uses including fabric, carpet, electrical wire and non-stick coatings, food packaging, and firefighting foam used to extinguish petroleum fires.

The four most studied PFAS are PFOS, PFOA, PFNA and PFHxS, which are found at the greatest frequency and concentration in the environment as well as in humans and wildlife. These PFAS also have been detected in drinking water in Connecticut. While PFOS and PFOA have been largely phased out of production, they are very persistent chemicals that can remain in the environment for a long time.

“The main health concerns based on animal data from ingestion of PFAS are effects on the liver and immune system, and on growth, reproduction and fetal development,” said Commissioner Juthani. “PFAS also can affect the endocrine and hormonal systems and can disturb blood lipids such as cholesterol. Some studies of PFOA have also shown an increased risk for kidney cancer, and at very high exposure levels, for testicular cancer. We look forward to further scientific evidence on the impact of PFAS on human health.”

Also today, the US Environmental Protection Agency announced new drinking water lifetime health [advisories for four compounds in the PFAS family](#). EPA health advisories provide information on contaminants that can cause human health effects and are known or anticipated to occur in drinking water. Similar to the DPH Drinking Water Levels, EPA's health advisories are non-enforceable and non-regulatory and provide technical information to states agencies and other public health officials.

Two of the EPA Health Advisories announced today are *interim* Health Advisories, meaning that they are draft values and are subject to continued peer review of the underlying science and may change before they are finalized.

Over the coming weeks and months, DPH will be reviewing the toxicological science that EPA shares in support of these newly announced interim and final health advisories. The interim health advisories for PFOA and PFOS are important milestones to help inform the public now, while EPA works to set a national drinking water standard for these chemicals. DPH will continue to work with EPA and await their final levels while striving for the health advisory levels that they have announced.

Additional resources can be found on [DPH's PFAS Information Webpage](#)



Eastern Highlands Health District

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PUBLIC HEALTH ADVISORY

DATE: July 22, 2022

TO: Coventry Lake Residents and Visitors

FROM: Robert Miller, MPH, RS, Director of Health

RE: Blue-green algae bloom at Coventry Lake

Please be advised that recent algae test results have confirmed the presence of a blue-green algae bloom at Coventry Lake that may present harmful health effects for users of lake. The health outcomes of concern are:

- Irritations of the skin, eyes or ears
- GI problems like vomiting and diarrhea
- Muscle cramps
- In extreme cases nerve or liver problems

Blue-green algae, also known as Cyanobacteria, occur naturally in lakes and ponds throughout Connecticut. These microscopic organisms are components of the aquatic food chain. In ordinary circumstances, Cyanobacteria cause no apparent harm. However warmer water temperatures and high nutrient concentrations may induce a rapid increase in their abundance. This response is commonly called a “bloom” because algal biomass increases to the extent that normally clear water becomes markedly turbid.

Harmful health effects from the bloom can result through skin contact with the algae tainted water, swallowing the water, and when airborne droplets are inhaled. Pets are especially prone to the health effects not only through skin contact, but also by ingesting significant amounts of the toxin by licking their wet fur after leaving the water.

To protect yourself and your family from any harmful effects of this blue-green algae bloom, residents and visitors are advised to avoid contacting water that has a noxious odor, appears green throughout (sometimes referred to as looking like pea soup), or that has mats, films or scums accumulating on the surface.

Until further notice avoid these *high* risk activities:

- Any contact with the water including swimming, diving, playing, or wading
- Drinking, or allowing animals to drink the water
- Using the lake water to fill a pool or for outdoor showers
- Water sports, e.g. water skiing, wake boarding, wind surfing, jet skiing, tubing



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Other activities that pose a *moderate* risk to health include:

- Fish consumption
- Canoeing
- Rowing
- Sailing
- Kayaking
- Paddle boarding
- Motor boating

If you or your pet accidentally come in contact with algae tainted water then thoroughly rinse off with clean water.

If you experience any of the symptoms of blue-green algae exposure (listed above) contact your health care provider or call Poison Control at 1-800-222-1222. If your pet experiences symptoms, contact your veterinarian immediately.

Regular monitoring of lake conditions will occur moving forward until bloom dissipates. The community will be notified of the bloom dissipation at that time.

Check the Health District or Town website for additional information and updates. Public health questions can be directed to the Eastern Highlands Health District main office at 860-429-3325. Additional information can be found at:

<https://portal.ct.gov/DEEP/Water/Water-Quality/Blue-Green-Algae-Blooms>

<https://portal.ct.gov/DPH/Environmental-Health/Environmental-Health-Section/Blue-Green-Algae-Blooms>



Eastern Highlands Health District

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

Coventry Lake Algae Bloom Update Public Health Advisory **TERMINATED** August 8, 2022

Based on the recent monitoring information and data detailed in the below table, and after conferring with the CT DEEP, CT DPH, and the Town Limnologist, the Health District is *terminating the current Public Health Advisory for Coventry Lake, effective immediately.*

Residents should be aware that conditions still exist that may result in a higher risk in isolated parts of the lake. Residents who have private access points to the lake are encouraged to observe the water before contacting the water, and before allowing children or pets to contact the water. **Avoid contacting water that appears green throughout (sometimes referred to as looking like pea soup), or that has mats, films or scums accumulating on the surface.** You can find photographic examples of these conditions in the link to the DEEP document referenced on the second page of this update. Please also note that new signs will be going up around the lake in the coming days reminding residents to look for these conditions.

The algae monitoring program will continue through the summer water activity season. The community will be notified of any changes in the bloom risk at that time.

Latest Field Observations and Selected Monitoring Results

Date	Location	Visual Observations	Cyanobacteria Cell Count (cells/ml)	Water Clarity (Secchi disk depth, meters)	Bloom Risk Category* (1, 2, or 3)	Other items
8/1/2022	State Boat Launch	No mats, films, or scum.	38,843	1.3	Three (3)	
8/1/2022	Lisicke Beach	No mats, films, or scum	57,653	NA	Three (3)	
8/7/2022	State Boat Launch	No mats, films, scum.	NA	2.35	One (1)	Clarity improved

* Low risk = 1, Moderate risk = 2, High risk = 3; Based on CT DPH/DEEP Guidance to Local Health Departments for Blue-Green Algae Blooms, June 2021



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Other Update Comments

- Look for announcements from the Coventry Recreation Department regarding the reopening of Town Beaches.
- The Coventry Lake Advisory & Monitoring Committee will be focusing their annual State of the Lake forum in September on this algae bloom. Watch for dates and location.
- Reminder to call the Health District at 860-425-3325 with any health questions, and the Town Parks and Rec Department at 860-742-4068 regarding any Coventry recreation questions.

Lake Community Algae Bloom Reporting Initiative Continues

The Health District and Town of Coventry continue to ask lake residents to report “*surface scum, mats, films*” or *other accumulations of interest* when they are observed on or in the lake water.

Please email report details and photos to ehhd@ehhd.org

For visual examples of the surface scum, mats, films, and other algae accumulations of interest, please see the photographic images within the CT DEEP document titled, “Frequently Asked Questions of Cyanobacteria Blooms in Freshwater Lakes and Ponds”. *Please review the images within this document before photographing your own observations.* You can find this document and those images by following this link:

https://portal.ct.gov/-/media/DEEP/water/water_quality_management/cyanobacteria/Cyanobacteria-FAQ_June-3-2020.pdf

Update from Dr. Kortmann, Coventry Lake, Limnologist

The characteristics of the cyanobacteria bloom, and forcing factors that stimulated it, are being studied. Bloom monitoring is ongoing on a weekly or more frequent basis. Currently the bloom has subsided to the degree that cyanotoxin risk is very low. However, if surface accumulations are observed they should be avoided by people and pets. Additionally, it is likely that an increase in cyanobacteria will occur after fall turnover when the lake mixes surface-to-bottom again. Lake management alternatives that could help reduce the risk of similar future blooms, without causing other adverse impacts, are being evaluated, including: non-copper algaecides, sonic algae control devices, specific artificial circulation approaches, a variety of aeration and oxygenation methods, and additional watershed management actions. A diagnostic evaluation needs to be completed before considering a treatment approach that could change the Nature of Coventry Lake.

Coventry Lake closure affecting local recreation

Matthew Verrilli / Journal Inquirer
Jul 28, 2022



No-swimming signs are posted in the parking lot of Patriots Park in Coventry.
Matthew Verrilli / Journal Inquirer

COVENTRY — A recent health advisory for Coventry Lake is forcing summer activities to change.

"The lake is 'sick' and we need to change our plans," Town Manager John Elsesser said.

An advisory was issued Friday because of the blue-green algae bloom in the lake, which can become toxic to people and pets after prolonged exposure or ingestion.

At both Patriots Park and Liske Beach, caution tape lines the beaches to deter swimmers, and no-swimming signs are posted.

While swimming is not allowed in the lake, other lake activities are, such as boating or fishing. But the Eastern Highland Health District has cautioned against these activities as well.

Elsesser said that the town has been losing revenue from beach passes, but it also has cut expenses, eliminating most of the paid lifeguard positions.

Summer camp programs are still running as usual at Patriots Park, but campers cannot use the lake.

"Alternative water activities, such as slip and slides, are being provided instead," Elsesser said.

Last Saturday, the Coventry Fire Department used its ladder truck to hose down and cool off residents during the heat wave at Laidlaw Park.

Algae is a common occurrence in other lakes in Connecticut, but this is the first time the bloom has closed Coventry Lake.

Elsesser said it is too soon to know of any long





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August 15, 2022

Board of Directors
Eastern Highlands Health District
Storrs Mansfield, Connecticut

We are engaged to audit the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Eastern Highlands Health District as of and for the year ended June 30, 2022. Professional standards require that we communicate to you the following information related to our audit. We will contact you to schedule a meeting to discuss this information since a two-way dialogue can provide valuable information for the audit process.

Our responsibility under Auditing Standards Generally Accepted in the United States of America and Government Auditing Standards

Financial statements, internal control, and compliance

We will conduct our audit in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS) and the standards for financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require us to be independent of the entity and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. Those standards also require that we exercise professional judgment and maintain professional skepticism throughout the planning and performance of the audit. As part of our audit, we will:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing any significant deficiencies or material weaknesses in internal control relevant to the audit of the financial statements that we identify during the audit that are required to be communicated under U.S. GAAS and *Government Auditing Standards*.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements, including the amounts and disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

- Conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concern for a reasonable period of time.
- Form and express opinions about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America.
- Plan and perform the audit to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS and the standards for financial audits contained in *Government Auditing Standards* will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.
- Perform, as part of obtaining reasonable assurance about whether the financial statements as a whole are free from material misstatement, tests of the entity's compliance with provisions of laws, regulations, contracts, and grant agreements that have a material effect on the financial statements. However, the objective of our tests is not to provide an opinion on compliance with such provisions and we will not express such an opinion in our report on compliance issued pursuant to *Government Auditing Standards*.
- Provide a report (which does not include an opinion) on internal control over financial reporting and on compliance with the provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a material effect on the financial statements, as required by *Government Auditing Standards*.
- Communicate significant matters related to the financial statement audit that are, in our professional judgment, relevant to your responsibilities in overseeing the financial reporting process. However, we are not required to design procedures specifically to identify such matters.
- Communicate circumstances that affect the form and content of the auditors' report.

Our audit of the financial statements does not relieve you or management of your responsibilities.

Required supplementary information

With respect to the required supplementary information (RSI) accompanying the financial statements, we will make certain inquiries of management about the methods of preparing the RSI, including whether the RSI has been measured and presented in accordance with prescribed guidelines, whether the methods of measurement and preparation have been changed from the prior period and the reasons for any such changes, and whether there were any significant assumptions or interpretations underlying the measurement or presentation of the RSI. We will compare the RSI for consistency with management's responses to the foregoing inquiries, the basic financial statements, and other knowledge obtained during the audit of the basic financial statements. Because these limited procedures do not provide sufficient evidence, we will not express an opinion or provide any assurance on the RSI.

Planned scope and timing of the audit

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested.

Our audit of the financial statements will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statements and to design the nature, timing, and extent of further audit procedures. Material misstatements may result from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the entity or to acts by management or employees acting on behalf of the entity. We will generally communicate our significant findings at the conclusion of the audit. However, some matters may be communicated sooner, particularly if significant difficulties are encountered during the audit where assistance is needed to overcome the difficulties or if the difficulties may lead to a modified opinion. We will also communicate any internal control related matters that are required to be communicated under professional standards.

Although our audit planning has not been concluded and modifications may be made, we have identified the following significant risk(s) of material misstatement as part of our audit planning:

- Management Override of Controls
- [Describe significant risk(s) identified.]
- [Describe significant risk(s) identified.]

As a result of unexpected events, changes in conditions, or the audit evidence obtained from the results of audit procedures performed, we may need to modify the overall audit strategy and audit plan and, thereby, the resulting planned nature, timing, and extent of further audit procedures, based on the revised consideration of assessed risks.

We expect to begin our audit on approximately September 6, 2022 and issue our report on approximately November 15, 2022.

Other planning matters

Recognizing the importance of two-way communication, we encourage you to provide us with information you consider relevant to the audit. This may include, but is not limited to, the following items:

- Your views about the following matters:
 - The appropriate person(s) in the entity's governance structure with whom we should communicate.
 - The allocation of responsibilities between those charged with governance and management.
 - The entity's objectives and strategies and the related business risks that may result in material misstatements.

- Matters you believe warrant particular attention during the audit and any areas for which you request additional procedures to be undertaken.
 - Significant communications between the entity and regulators.
 - Other matters you believe are relevant to the audit of the financial statements.
- The attitudes, awareness, and actions of those charged with governance concerning (a) the entity's internal control and its importance in the entity, including how those charged with governance oversee the effectiveness of internal control, and (b) the detection or the possibility of fraud.
- The actions of those charged with governance in response to developments in law, accounting standards, corporate governance practices, and other related matters, and the effects of such developments on, for example, the overall presentation, structure, and content of the financial statements, including the following:
 - The relevance, reliability, comparability, and understandability of the information presented in the financial statements.
 - Whether all required information has been included in the financial statements, and whether such information has been appropriately classified, aggregated or disaggregated, and presented.
- The actions of those charged with governance in response to previous communications with the auditor.
- Your understanding of the risks of fraud and the controls in place to prevent and detect fraud, including your views on the following matters:
 - The “tone at the top” conveyed by management.
 - Programs and controls that the entity has established to mitigate identified fraud risks or that otherwise help to prevent, deter, and detect fraud.
 - How and how often you review the entity’s policies on fraud prevention and detection.
 - If a fraud hotline is in place, how it is monitored and how you are notified of allegations or concerns.
 - How you exercise oversight of management’s processes for identifying and responding to the risks of fraud and the programs and controls management has established to mitigate those risks.
 - The risks of fraud at the entity, including any specific fraud risks the entity has identified or account balances, classes of transactions, or disclosures for which a risk of fraud may be likely to exist.
 - Examples of fraud-related discussions management has had with you.

- Any actual or suspected fraud affecting the entity that you are aware of, including measures taken to address the fraud.
 - Any allegations of fraud or suspected fraud (e.g., received in communications from employees, former employees, grantors, regulators, or others) that you are aware of.
 - Any knowledge of possible or actual policy violations or abuses of broad programs and controls occurring during the period being audited or the subsequent period.
 - Any accounting policies or procedures applied to smooth earnings, meet debt covenants, minimize taxes, or achieve budget, bonus, or other financial targets that you are aware of; and whether you are aware of any accounting policies that you consider aggressive.
- How you oversee the entity's (1) compliance with laws, regulations, and provisions of contracts and grant agreements, (2) policies relative to the prevention of noncompliance and illegal acts, and (3) use of directives (for example, a code of ethics) and periodic representations obtained from management-level employees about compliance with laws, regulations, and provisions of contracts and grant agreements.
 - Whether you are aware of any noncompliance with laws, regulations, contracts, and grant agreements, including measures taken to address the noncompliance.
 - If the entity uses a service organization, your knowledge of any fraud, noncompliance, or uncorrected misstatements affecting the entity's financial statements reported by the service organization or otherwise known to you.

* * *

This communication is intended solely for the information and use of the Board of Directors and management of Eastern Highlands Health District and is not intended to be, and should not be, used by anyone other than these specified parties.

Sincerely,

CliftonLarsonAllen LLP



Vanessa E. Rossitto, CPA

Principal

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