

#### CATTARAUGUS COUNTY BOARD OF HEALTH



1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

Joseph Bohan, MD, President

Giles Hamlin, MD, Vice-President

Zahid Chohan, MD Sondra Fox, RN Richard Haberer Theresa Raftis David L. Smith, Mayor James Snyder, Legislator Kathryn Cooney Thrush, NP

MINUTES June 7, 2017

The 857th meeting of the Cattaraugus County Board of Health was held at The Point Restaurant, 800 East State Street, Olean, New York on June 7, 2017.

The following members were present:

Dr. Joseph Bohan

Theresa Raftis

Dr. Zahid Chohan

Mayor David Smith

Dr. Giles Hamlin

Kathryn Cooney Thrush

Sondra Fox, RN

Also present were:

Kevin D. Watkins, MD, MPH, Public Health Director

Eric Firkel, County Attorney

Barb Hastings, Legislator

Richard Helmich, County Legislator

Sue Labuhn, County Legislator

Paul Schwach, MD, Clinic Physician

Gilbert Witte, MD, Medical Director

Sharon Whitney, Guest

Rick Miller, Olean Times Herald

Dave Porter, Hearing Officer

Raymond Jordan, Sr. Public Health Sanitarian

Debra Lacher, Secretary to Public Health Director

Thomas Lecceadone, Administrative Officer

Patti Williams, Supervising Public Health Nurse

Eric Wohlers, Director of Environmental Health

The meeting was called to order by Dr. Bohan. The roll was called and a quorum declared. Dr. Hamlin made a motion to approve the minutes of the Board of Health (BOH) meeting held on May 3, 2017, it was seconded by Mayor Smith and the motion was unanimously approved.

A motion was made by Dr. Witte, seconded by Dr. Hamlin and unanimously approved to accept the minutes from the Professional Advisory Committee Meeting and the Family Planning Program committee meeting both held on April 19, 2017.

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**DIRECTORS REPORT:** Dr. Watkins welcomed the department's new Financial Administrator Officer, Thomas Lecceadone who has taken the place of Kathy Ellis. Mr. Lecceadone has been with the County for 19 years as a Senior Accountant with the Department of Social Services.

Dr. Watkins informed the board that New York State Department of Health (NYSDOH) notified the department that on May 23 a traveler from India was diagnosed with measles and has exposed multiple New Yorkers between the dates of May 11-12. This individual visited the Iroquois Travel Plaza (rest stop), the Hampton Inn (Brockport, NY), Niagara Falls State Park, Niagara Falls (Maid of the Mist), and Swagat Fine Indian Cuisine (Niagara Falls). If any resident from Cattaraugus County, not immune to measles, were in that area during this timeframe they should contact the department as soon as possible. Providers should have a high index of suspicion in patients who present with symptoms consistent with measles and have visited the locations during this timeframe as well.

Dr. Watkins reminded the board that the department will join Olean General Hospital, Olean Medical Group, and Universal Primary Care (UPC) on June 10<sup>th</sup> and 11<sup>th</sup>, in a joint venture with Remote Area Medical (RAM) to offer a free dental, vision and medical health fair at the St. Bonaventure Reilly Center. Expectation is that there will be nearly 1,000 participants.

Dr. Watkins reported to the board that the department has started an educational campaign on needle stick injuries. Copies of the campaign materials that were sent out to all of the town supervisors, and mayors were handed out to those in attendance. The material details the appropriate preventative and prophylactic actions that a person should take if stuck with a needle or sharp. He added that the education campaign for not smoking in cars when children 14 and under are present is in the planning stages with UPC and the Chautauqua County Health Department.

He went on to say that the implementation process of the Community Health Improvement Plan (CHIP) has begun. The priority area, preventing chronic disease, focuses on reducing obesity by increasing exercise and choosing water versus other sugary beverages. A health promotion campaign has begun on social media and calorie awareness posters are being distributed.

Dr. Watkins remarked that Dr. Witte asked him at the last BOH meeting to discuss an article on the rising number of infected ticks causing Lyme disease in the North Country (Adirondacks) area. Dr. Watkins shared a power point presentation regarding Lyme disease. He stated that Lyme disease is caused by a bacterium called Borrelia burgdorferi that is transmitted to humans via the bite of an infected black legged tick, Ixodes scapularis. The bacterium circulates between small animals like the white footed mice, birds, squirrels, etc. Mice transmit Lyme disease efficiently, infecting up to 95 percent of all ticks that feed on them. Ticks that feed on mice can spread the bacterium to pets, and humans. Typical symptoms of someone who has Lyme disease include fever, headaches, fatigue, and the bullseye spot or erythema migrans. If Lyme disease is left untreated it can spread to joints, heart, or the nervous system. Lyme disease has been known as the great imitator, it can mimic many other disorders, including Multiple Sclerosis, arthritis, chronic fatigue syndrome, fibromyalgia, amyotrophic lateral sclerosis (ALS), attention deficit hyperactivity disorder (ADHD), and even Alzheimer's. Pennsylvania (PA) has led the nation in confirmed cases of Lyme disease. Comparison data between New York State (NYS) and PA in 2013, NYS had just under 4,000 cases, PA had nearly 5,000 cases, in 2014 NYS had under 3,000 cases, PA had over 6,000 cases, 2015 NYS had a little over 3,000 cases, PA had over 9,000 cases, in 2016 over 3,000 cases in NYS, and over 12,000 cases in PA.

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In Cattaraugus County there were (5) cases of Lyme disease in 2014, (12) cases in 2015, (17) cases in 2016, and (2) cases so far in 2017. Dr. Watkins reviewed the annual deer tick surveillance report performed by NYSDOH which included ticks collected from various sites throughout Cattaraugus County. These ticks were tested for the presence of pathogens such as Borrelia burgdorferi (Lyme disease), Anaplasma phagocytophilium (Anaplasmosis), Bartonella henselae (Bartonellosis), Babesia microti (Babesiosis), and the Powassan virus. Over 10 different sites including Allegany State Park, Gargoyle Park, Pfeiffer Nature Center, and Zoar Valley Multi-use areas were sampled. Data shows an increasing trend in 2015 and 2016 in adult ticks positive for Borrelia burgdorferi compared to 2014 and a steady trend in nymphs bearing this bacteria in all three years.

Lab tests to identify antibodies to the bacteria can help confirm the diagnosis. These tests are most reliable a few weeks after an infection, after the body has had time to develop antibodies.

Treatment for Lyme disease begins with the appropriate antibiotic. If treated in the early stages, recovery is usually rapid and complete.

A small percentage of cases where symptoms last greater than 6 months, providers normally categorize this as chronic Lyme disease, this condition is properly known as Post Treatment Lyme Disease Syndrome (PTLDS). The exact cause of PTLDS is not yet known. Most medical experts believe that the lingering symptoms are the results of residual damage to tissues and the immune system that occurred during the infection. Providers should also consider that there could be a coinfection with Lyme disease if patients don't recover after 4 weeks of treatment.

Prevention methods includes owners spraying their properties in addition to mowing grass very low to prevent ticks from accumulating. Other prevention methods include staying in the middle of trails when hiking, wearing light-colored clothing so ticks can be seen, throwing clothes in the dryer on high heat after coming inside, and treating clothing or skin with chemicals that kill or repel ticks, such as permethrin or DEET.

Dr. Watkins summarized by stating ticks are not born with the Lyme spirochetes. Ticks pick up the bacteria when feeding on an infected host. White-footed mice are more important numerically. Urban sprawl and hunting has eliminated many of the mice's natural predators, (foxes, coyotes, snakes, etc.) allowing the mice population to grow, and with them comes infected ticks. Maybe curtailing the white-footed mice population (re-introducing the natural predators to the areas) may reduce the cases of Lyme disease seen in the area.

Dr. Witte added that an individual does not always get the classic bullseye rash. Bell's palsy can also be a presentation of Lyme disease. Dr. Chohan inquired about the length of time to give the prophylactic after exposure. Dr. Witte stated that best results of preventing Lyme disease is providing patients with the prophylactic up to 72 hours after a tick bite. Dr. Bohan added that taking a shower using a washcloth when returning from a walk in a wooded area could wash off most ticks and would be a good practice to use.

Dr. Bohan introduced Sharon Whitney, a resident of Hinsdale who has been a small business owner in the area who wanted to relate her experience with Lyme disease to the Board. Mrs. Whitney shared that she contracted Lyme disease on February 2, 2016 while camping in Cuba, NY.

She stated that her symptoms started out like the usual flu (fever, chills, headaches, fatigue, and muscle/joint aches). After several months, she was eventually diagnosis with Bell's palsy. Finally, after a battery of test, she received a diagnosis of Lyme disease due to a titer of 1:99. Treatment began with doxycycline for 30 days, and 30 days later everything came back negative. Two weeks after back surgery, and then two or three months down the road, problems continued with hives, and memory lapses. She stated she is being seen in Pennsylvania where a physician is taking care of the infection with a peripheral inserted central catheter (PICC) line. Mrs. Whitney shared that there needs to be more Lyme disease awareness education in the community at large.

**NURSING DIVISION REPORT:** Patti Williams reported for nursing, she informed the board that there are many long term nurses who are retiring this summer. A part-time social worker, Angela Pascarella will start on June 12, 2017.

Mrs. Williams reported that for communicable disease in May there was (1) confirmed case of Giardia, (1) confirmed case of camphobacter, (1) confirmed case of Group A Strep, (2) cases of confirmed Salmonella, (5) positive Hepatitis C, and (2) suspected Lyme disease cases. She stated that for rabies exposures in May, currently there are (3) individuals who were exposed by bats and are undergoing the rabies post-exposure prophylactic series.

Mrs. Williams went on to say that in the lead section of the division, there are (5) children being followed for elevated blood lead levels greater than 10ug/dl (normal <9ug/dl-NYSDOH guidelines), and (19) children being followed for blood lead levels between 5ug/dl-9ug/dl (normal <5ug/dl-CDC guidelines).

Mrs. Williams stated that the homecare census is (321) patients, (427) patients in May, with (127) admissions. The long term program has (9) patients, (10) patients in May, and no new admissions. In maternal child health there is a census of (29) patients, there were (40) patients in May and (15) new admissions.

Family planning performance measures were just released for 2016, the total number of female clients with effective contraceptive measures seen in the clinic is 83.4% compared to the State average of 68.4%.

Dr. Bohan asked if the post exposure rabies vaccine given to date is on par to what the department gave last year. Mrs. Williams confirmed that there were a total of (52) given last year, and we are on target to be the same this year.

#### ENVIRONMENTAL DIVISION REPORT:

Mr. Wohlers reported that the Community Development Block Grant (CDBG) program is seeing lots of activity, (6) residents applied and qualified for the program. Inspections are being conducted and (4) project proposals have already been drafted and sent out to contractors. Staff have placed posters in supermarkets, hardware stores, and post office bulletin boards, advertising the CDBG program.

Mr. Wohlers informed the Board that the mosquito surveillance staff have started and are actively checking larvae pools and setting adult traps for the past two weeks. He added that the temperature have been rather cool, and there is not a lot of mosquito activity in the area at this time.

Mr. Wohlers stated that when the State budget was passed they approved the Clean Water Infrastructure Act of 2017 that invests at least \$1 billion in clean and drinking water infrastructure projects and water quality protection across New York. \$225 million will be made available this year, with one half allocated for drinking water projects, and the other half allocated for wastewater infrastructure projects. Under this program Environmental Facilities Corporation provides grants to assist municipalities in funding water quality infrastructure projects for the replacement or repair of infrastructure or for compliance with relevant environmental and public health laws. This information is being shared with Town Supervisors, and Village Mayors where they have water and sewer project needs. The department is encouraging municipalities to update their systems and take advantage of this funding.

Mr. Wohlers informed the Board that yesterday a meeting was held with the environmental health staff of the Seneca Nation of Indians. Several logistical plans were agreed upon (i.e. if the department receives a report of an animal bite, or a referral on lead paint issues that is on Seneca Nation Territory, they will take the lead on those investigations). The meeting was productive and shows collaboration amongst the two departments.

**ENFORCEMENT REPORT:** Mr. Porter reported on the following enforcement case held on May 9, 2017:

#### **DOCKET #17-008**

Respondent: Dan Godfrey for Coldspring Volunteer Fire Co., Inc. 2603 Route 394, Box H, Steamburg, NY 14783. Violation 10NYCRR Sec 5-1.72 (c) (1) Respondent failed to submit complete daily records for the operation of the non-community water system for the month of March 2017, to this office by the 10<sup>th</sup> day of the following month.

This is the second violation in three years for this individual.

Public Health Sanitarian: Chris Ann Covert, Public Health Sanitarian appeared for Cattaraugus County Health Department and was sworn in.

Respondent: Dan Godfrey, respondent, appeared.

Recommendation: That the \$100.00 civil compromise offered be changed to a \$100.00 fine to be paid on or before June 30, 2017. A \$10.00 per day per diem will be levied for non-compliance.

A motion to accept the recommendation was made by Sondra Fox, seconded by Dr. Hamlin, and unanimously approved.

Dr. Watkins brought an update to the BOH members regarding the El Mariachi restaurant. On the last BOH order the owner was instructed to pay a \$2,000 fine by June 30<sup>th</sup>, and that they were to take a servsafe course or a food service training course before June 1, 2017. Two employees took the course, but could not pass the test on the first attempt, and failed to pass the test on the second attempt as well. After speaking with the owner, he has now agreed to personally enroll in the course, in addition enroll another employee as well, and hopes to successfully pass the test by the end of the month when his permit is set to expire.

Dr. Watkins added that some counties require this course to be taken by all facility operators who want to be issued a permit. Cattaraugus County does not currently require this, but due to repeated violations this requirement was set for this particular restaurant in order to help them prepare and maintain a healthy environment for the public. The owner stated that he plans to pay \$1,000 on June 12<sup>th</sup>, and another \$1,000 on June 26<sup>th</sup>. Dr. Watkins stated that if we receive both payments that will put the operator in compliance with everything on the initial order with the exception that the operator has not been able to get someone within his establishment to pass the serve-safe course. He added that the department recommends that the facility must comply with payment by June 30, 2017, and that the serve-safe test is attempted and hopefully passed by June 30<sup>th</sup>. An inspection will be completed prior to June 30<sup>th</sup>, prior to the issuance of a new permit. If the inspection reveals that the operator has maintained a facility in keeping with the regulations, their permit is reissued but on a quarterly basis. Dr. Witte asked if they had hired a pest control contractor. Dr. Watkins stated that this was put in place and they are providing monthly reports.

After a discussion was held amongst the Board, a motion was made by Mayor Smith, and seconded by Dr. Hamlin and unanimously approved stating that if the fine is paid in full, and they pass the inspection a new permit will be granted for three months regardless whether the owner passes the food service course by June 30, 2017, but it is expected someone in the facility will pass the course within the next three months.

There being no further business to discuss, a motion to adjourn was made by Mayor Smith, and seconded by Dr. Hamlin and unanimously approved.

Respectfully submitted,

Kevin D. Watkins, M.D., M.P.H. Secretary to the Board of Health

D. Watkins, M. O.



#### CATTARAUGUS COUNTY HEALTH DEPARTMENT



1 Leo Moss Drive, Olean, NY 14760, Tel. (716)373-8050, Fax (716) 701-3737

Kevin D. Watkins, M.D., MPH, Public Health Director

Gilbert N. Witte, M.D. Medical Director Thomas P. Lecceadone Administrative Officer

#### COUNTY OF CATTARAUGUS STATE OF NEW YORK ENFORCEMENT LIST

Hearing Officer: David Porter

Administrative Hearing 6-13-2017

DOCKET #17-012

Respondent: Ms. Alice Ferguson, R & R Dude Ranch 8940 Lange Road, Otto, NY 14766 Violation 10NYCRR Sec. 5-1.72 (c) (1) Respondent failed to submit complete daily records for the operation of the non-community public water supply for the month of April 2017 to the Cattaraugus County Health Department (CCHD) office by the 10<sup>th</sup> day of the following month.

<u>Public Health Sanitarian:</u> Chris Covert, Public Health Sanitarian appeared for CCHD and was sworn in.

Respondent: Did not appear after having been properly served.

#### Testimony of Chris Covert:

- a.) Enf.-1 read and identified as P.E. #1.
- b.) Respondent was properly served, proof of certified mail receipt dated 5/26/17.
- c.) Letter dated 10/5/09 sent to respondent explaining importance of complete operation reports to CCHD. The letter also notes that the County will no longer routinely call operators when reports are late I.D. as P.E. #2.

Hearing Officer Findings: The respondent is in violation of 10NYCRR section 5-1.72 (c) (1) failure to submit complete daily records to the CCHD.

Recommendation: That the respondent pay a \$200.00 fine on or before July 31, 2017. A \$10.00 per day per diem will be assessed for every day not in compliance.

#### **Lyme Disease Fact Sheet**

#### What is Lyme disease?

- ⇒ infectious disease caused by bacteria (Borrelia burgdorferi) transmitted by the young (nymph) ⇒ and adult deer tick (Ixodes scapularis) (Fig.1).
- may cause symptoms affecting the skin, nervous system, heart and/or joints of an individual.
- ⇒ Over 95,000 cases have been reported to the ⇒ New York State Department of Health since Lyme disease became reportable in 1986.

#### Who gets Lyme disease?

- ⇒ age: all ages
- ⇒ <u>locations</u>: grassy and wooded environments are at an increased risk of exposure.
- ⇒ time of year: greater during times of the year when ticks are most active.
  - nymphs, are active from mid-May to mid-August and are about the size of poppy seeds (Fig.1)
  - \* adult ticks, which are approximately the size of sesame seeds (Fig.1), are most active from March to mid-May and from mid-August to November. Ticks can be active any time the temperature is above freezing.

#### How is Lyme disease transmitted?

- Ticks can become infected if they feed on small animals that are infected.
- The disease can be spread when an infected tick bites a person and stays attached for a period of time. In most cases, the tick must be attached for 36 hours or more before the bacteria can be transmitted.
- Lyme disease does not spread from one person to another. Transfer of the bacteria from an infected pregnant woman to the fetus is extremely rare.

#### What are the symptoms of Lyme disease?

- bull's eye rash or erythema migrans (EM), (Fig.2) about two inches in diameter, appears and expands around or near the site of the bite. Sometimes, multiple rash sites appear.
- early stages: chills and fever, headache, fatigue, stiff neck, muscle and/or joint pain, and swollen glands. NOTE: If Lyme disease is unrecognized or untreated in the early stage, more severe symptoms may occur.
- ⇒ <u>later stages</u>: severe fatigue, a stiff aching neck, and tingling or numbness in the arms and legs, or facial paralysis can occur.
- most <u>severe symptoms</u> of Lyme disease may not appear until weeks, months or years after the tick bite. These can include severe headaches, painful arthritis, swelling of the joints, and heart and central nervous system problems.



Figure 2. Characteristic bull's eye rash of Lyme's disease. Also called erythema migrans/EM. Source: Centers for Disease Control (CDC)

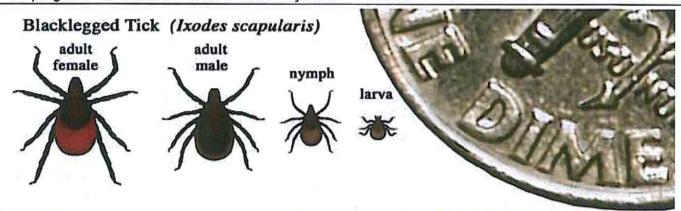


Figure 1. Lyme disease is transmitted by the deer tick. Source: Centers for Disease Control (CDC)

#### **Lyme Disease Fact Sheet contd...**

#### When do symptoms appear?

Early symptoms usually appear within three to 30 days after the bite of an infected tick.

## Does past infection with Lyme disease make a person immune?

NO! You can be reinfected if bitten later by another infected tick.

#### What is the treatment for Lyme disease?

- Early treatment with antibiotics results in complete cure.
- \* Although not routinely recommended, taking antibiotics within three days after a tick bite may be beneficial for some persons. This would apply to deer tick bites that occurred in areas where Lyme disease is common and there is evidence that the tick fed for 36 or more hours. In cases like this you should discuss the possibilities with your doctor or licensed health care provider.



#### DO THIS ....

Source: New York State Department of Health (NYSDOH)

- 1. Use a pair of pointed tweezers
- 2. Grasp the tick by the head or mouth right where it enters the skin
- 3. Pull firmly and steadily upward
- 4. Place the tick in a small container of rubbing alcohol to kill it
- Clean the bite wound with rubbing alcohol or hydrogen peroxide
- 6. Monitor the site of the bite for the next 30 days for the appearance of rash
- If you develop a rash or flu-like symptoms, contact your primary care provider immediately!

Figure 3. How to safely remove a tick.

#### What can be done to prevent Lyme disease?

- ⇒ wear light-colored clothing (for easy tick discovery)
- ⇒ tuck pants into socks and shirt into pants.
- ⇒ Check after every two to three hours of outdoor activity for ticks on clothing or skin.
- ⇒ Brush off any ticks on clothing before skin attachment occurs.
- ⇒ A thorough check of body surfaces for attached ticks should be done at the end of the day. If removal of attached ticks occurs within 36 hours, the risk of tick-borne infection is minimal.
  - Use repellents but be aware or health risks and follow label direction!! Commonly used repellents contain the active ingredients DEET (N, N-diethylm-toluamide), picaridin (also known as KBR 3023), oil of lemon eucalyptus, permethrin, or botanical oils. Skin reactions (particularly at DEET concentrations of 50 percent and above) and eye irritation are the most frequently reported health problems. Picaridin and oil of lemon eucalyptus have been shown to offer long-lasting protection against mosquitoes but there are limited data regarding their ability to repel ticks. Products containing permethrin are for use on clothing only, not on skin. Rather than acting as a repellent, permethrin kills ticks and insects that come in contact with treated clothes. Permethrin can cause eve irritation. Insect repellents containing botanical oils, such as oil of geranium, cedar, lemongrass, soy or citronella are also available, but there is limited information on their effectiveness and toxicity. If you decide to use a repellent, use only what and how much you need for your situation. In addition:

#### Tick Removal DO's and DON'Ts

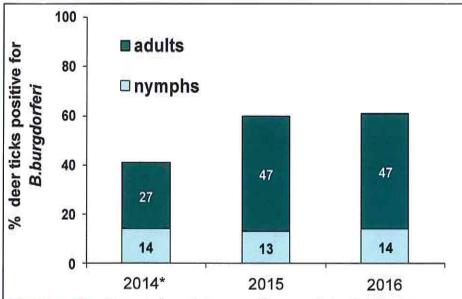
DO...

As indicated in Fig. 3.

#### DO NOT...

- squeeze, crush or puncture the body of the tick, which may contain infectious fluids.
- remove ticks by using petroleum jelly, lit cigarettes or other home remedies because these may actually increase the chance of contracting a tick-borne disease.

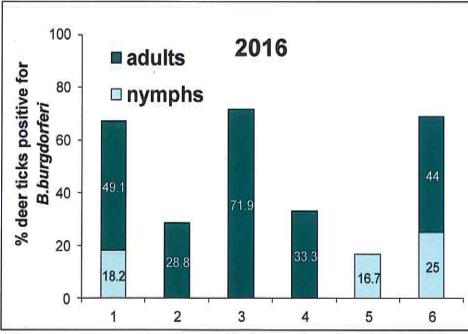
## Deer Tick Surveillance and Testing in Cattaraugus County, NY (2014-2016)



**Figure 4.** Cumulative tick surveillance data for Cattaraugus county from 2014-2016 showing trends in nymphs and adult ticks bearing the Lyme disease agent *B. burgdorferi*. \*See note.

Annual deer tick surveillance performed by the New York State Department of Health (NYSDOH) included ticks collected from various sites within Cattaraugus county. These ticks were tested for the presence of pathogens burgdorferi such as Borrelia (Lyme disease agent) (Fig.4) and others. Over 10 different sites including Allegany State Park, Gargovle Park, Pfeiffer Nature Center, Zoar Valley Multiuse area were sampled. \*Note: Data from 2014 is from two sites (Allegany State Park, Gargoyle Park) only. Data shows an increasing trend in 2015 and 2016

in adult ticks positive for *B. burgdorferi* compared to 2014 and a steady trend in nymphs bearing this bacteria in all three years (**Fig.4**). Among the sites sampled in 2016, the data shown in **Fig.5** demonstrates the distribution of ticks bearing the Lyme disease agent within Cattaraugus county.



**Figure 5.** 2016 data from Cattaraugus county showing distribution of *B. burgdorferi* positive nymphs and adult ticks in various locations as follows:

- 1. Allegany State Park, Red House
- Deer Lick Conservation, Persia
- Gargoyle Park, Allegany/Olean
- Pfeiffer Nature Center, Lillibridge Preserve, Portville
- Randolph Fish Hatchery, Randolph
- Eden Heights, Olean <sub>05.25.17</sub>; SS

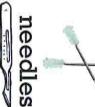
<u>Disclaimer:</u> These data only provide information about infected ticks at a precise location, at a specific point in time and do not broadly predict risk for a larger area. This information is only meant to provide awareness of potential risks within the county. The Cattaraugus County Health Department urges all residents to follow precautions and be alert when engaging in activities that may expose them to infected ticks.



# Be Aware: Needlestick Injuries

## These are sharps!





Direct handling



scalpels knives

# What are the dangers?







SHARPS

# Danger of infections!!

Hepatitis B

Hepatitis C

Alternatively

Does not lead

these for disposal

DO NOT USE

Made of -

Stays upright

that cannot be punctured Tight-fitting lid container with these features:

If you do not have a sharps container, use an empty household

FDA RECOMMENDS ALWAYS USING FDA-CLEARED CONTAINERS



you are infected is to be tested The only way to determine if by a doctor

Vilk contains

# Safe handling and disposal

Dealing with sharps

in public areas

when handling sharps Always wear gloves



use forceps or much as possible should be avoided as grabbing devices to handle



sharps/needles

stray

public areas for

Be alert in

Use a sharps container for disposal DO NOT recap needles



Those working such areas should be provided with **basic** supplies:

Gloves, disinfectant material, disposal

containers, forceps/pick up devices

Minimize direct contact with

sharps and dispose safely

Stop using container FULL line when 2/3 full or at



## What should I do if I have a needlestick injury?

### V Don't PANIC!!!

- Allow free bleeding and DO NOT SUCK the wound
- Wash with soap and water and cover with a band-aid
- Report to ER and provide:
- Full history of injury/exposure
- Blood for testing History of immunizations

Start treatment recommended by attending doctor



Cattaraugus County Health Department Public Health