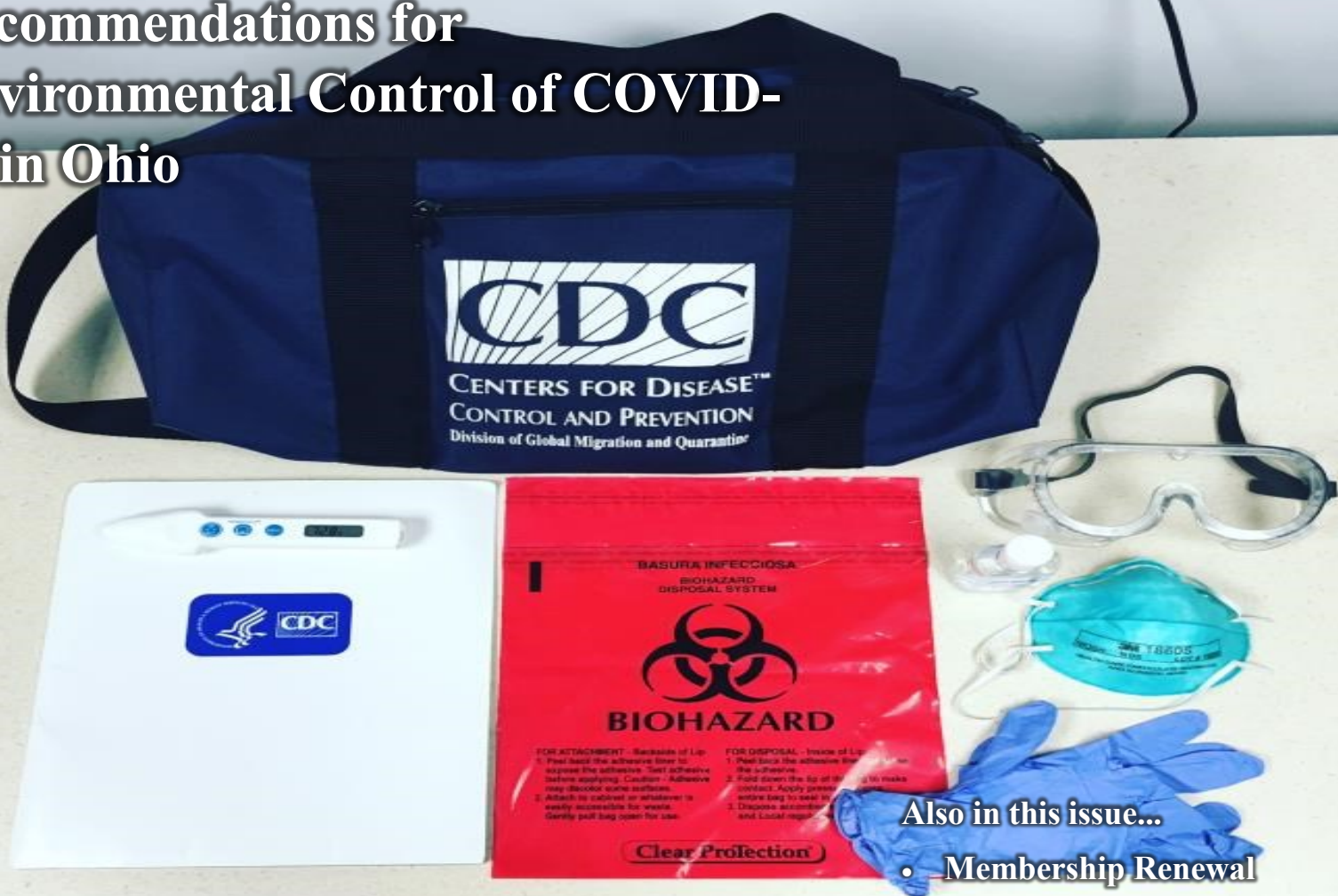


Ohio Journal of Environmental Health

4th Quarter 2020

Recommendations for Environmental Control of COVID- 19 in Ohio



Also in this issue...

- Membership Renewal
- CEU Update



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Editor’s Note:

The COVID-19 pandemic provided a challenging 2020, but Public Health/Environmental Health has provided a tremendous response. We thank you all for your tireless effort to protect the health of all Ohioans

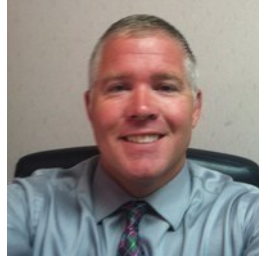
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President's Message

Stephan Ruckman, RS, MPH
Ohio Environmental Health Association
President 2020-2021

The close of 2020 is upon us as I type this message. Soon we will be transitioning into a new year. Somehow this New Year seems to be one many are extremely hopeful for. There is hope for safe and effective COVID-19 vaccines being released and distributed, hope for a transition to more traditional daily schedules and roles, and hope that the pandemic will end. My hope is that along with all those things that somehow our members, who filled and continue to fill vital roles to keep the public healthy and safe, are recognized. Recognized not only for their flexibility and willingness to fill nontraditional roles, but for the talented environmental public health professionals they are. May 2021 bring



this and many other great things for you and all OEHA members.

I would like to report that we will quickly return to normal as an association, but unfortunately that is not the case. We are facing many challenges heading into 2021. Our membership numbers are dramatically lower than in the past and although we are fiscally solvent, the Board of Directors is being forced to make difficult decisions now to keep us this way. In addition, we have made the decision to cancel the 2021 Annual Educational Conference and replace it with a virtual educational conference to assure our membership receives up to date education on environmental health topics as well as necessary continuing education hours. More on this virtual platform will be shared in the

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coming months, but we are hopeful that this will provide our members a valuable educational resource in lieu of the traditional in person conference. It should be noted that as of now we are still proceeding with conducting our Fall 2021 District Educational Conferences and will likely schedule an Annual meeting sometime during the summer of 2021 to conduct necessary Association business. Please continue to monitor the Ohio Environmental Health Association website at www.ohioeha.org for details on all of this as well as other online training opportunities as they arise.

The Board of Directors continues to be very mindful of recommendations to keep everyone safe and healthy during the pandemic. Therefore, we have continued to limit our board meetings to every other month and have conducted our meetings in a manner that allows for social distancing. The need for in person meetings is to handle business necessary to the operation of the association and to provide recommendations on critical legislative issues. Unfortunately, our current Constitution and

Bylaws do not permit us to meet via zoom, conference call, or any remote manner for official business as stated in my previous president's messages. As mentioned above, we are planning on an Annual Meeting of the entire association some time during the summer of 2021. We will be conducting elections for vacant positions at that time and will move forward accordingly. There will also be necessary changes suggested for the OEHA Bylaws. These changes will be voted on at the 2021 Annual Meeting as well and will relate to the ability for the Board of Directors to meet and vote via teleconference or video conference during emergencies.

We continue to operate with a great deal of uncertainty. This year has been anything but typical. My guess is that we've all learned a little more about ourselves and our resolve. I'm hopeful that this resolve is what carries us to the end of the pandemic standing strong and together as an example for environmental health professionals everywhere. Until then be healthy and take care of each other!

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Swimming Pool, Spa, and Special Use Pool Technical Committee December 16, 2020

The Swimming Pool, Spa, and Special Use Pool Technical Committee is exploring codifying the pool operator certification in Ohio. As part of the rule advisory process a subcommittee was tasked with creating an outline of requirements for pool operator training relating to shortened courses not Certified Pool Operator Training. These would be condensed, 3 hour courses, that provide operators with a basic knowledge of operations and certificate to go along with it. A

comparison would be that of the Person In Charge training vs the Serv Safe Food Manager Training in the food program.

The Committee would like to know if there are any local health departments that already have a course like this and would be willing to share the content. If so, please contact Barry Greisz by email at bgrisez@ccbh.net or by phone at 216/201-2001 ext. 1232.

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Recommendations for Environmental Control of COVID- 19 in Ohio

Jim Hartman, R. S., M. S.
(Retired)



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Halloween 2020

ABSTRACT

After the first three suspected cases of 2019 Novel Coronavirus (COVID-19) in Ohio were confirmed on March 9, 2020, the State of Ohio closed restaurants and bars except for carry-out and delivery and issued stay-at-home orders, bans on large gatherings, and other business closures. Due to social and economic pressures, on May 14 the Director of Health issued a Dine Safe Ohio Order that reopened restaurants and bars to dine-in service. Contact tracing, already in place for other communicable diseases, was expanded to help control COVID-19. A complaint inspection program was started at local health departments around the state.

This article offers some recommendations for revisiting these programs now that the initial urgency to re-open has lessened and the pandemic is showing no signs of abatement. The Reopening Guide for restaurants could be made to conform better to the Food Service Rules, and contact tracing and inspections could be enhanced to allow better risk management.

The focus here is on aspects under the control of local health departments. Meat plants, nursing homes and prisons, all driving the spread of COVID-19 in rural areas (Niemeyer, 2020), are regulated by other agencies.

INTRODUCTION

By now everyone in Ohio is aware that we are in a pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease features asymptomatic spread by respiratory droplets and causes an ever-expanding range of clinical manifestations (Table 1). Ohio Governor Mike DeWine declared a state of emergency on March 09, 2020, when testing by the Department of Health confirmed that the first three suspected cases of COVID-19 in the state were positive (Ohio Department of Health, 2020).

There is evidence that these actions and similar ones around the world prevented millions of infections and deaths (Hernandez, 2019).

CONSPIRACY THEORIES

It is important to acknowledge that many people believe the pandemic is a hoax. An article in the Huffington Post is one of many discussions of “what makes COVID-19 pandemic myths so easy to trust and who is more likely to believe them” (Ries, 2020). “Recently, a study indicated that nearly one third of Americans believe in a conspiracy theory about the coronavirus, such as one that claims the outbreak is linked to 5G internet” (Grohol, 2020). Another popular but baseless theory is that doctors and hospitals are exaggerating deaths due to COVID-19 for profit (Fichera, 2020). This obviously has

grave implications for control.

“REOPENING GUIDE” FOR RESTAURANTS AND BARS

On March 15, 2020, Amy Acton, M.D., MPH, the Director of Health, issued an order closing restaurants and bars except for carry-out and delivery. On May 14 she signed the Director’s Dine Safe Ohio Order that reopened restaurants and bars to dine-in service (with exceptions) and amended it on June 5 (Ohio Department of Health, 2020). The Ohio Restaurant Association and the Ohio Environmental Health Association collaborated on the guidance on which this was based, at the request of Lieutenant Governor Jon Husted (Zummo, 2020).

There was great pressure on the Governor to allow bars and restaurants to open as quickly as possible. On April 13, 2020, as he was giving a televised press briefing in the Statehouse, about 100 protestors outside were shouting at reporters inside; a picture of some of them shouting through the windows went viral (Figure 1) (Staver, 2020).

Illness reporting. The "Responsible RestartOhio" reopening guide for restaurants and bars (<https://>

coronavirus.ohio.gov/static/responsible/Restaurants-and-Bars.pdf) says to “add COVID-19 symptoms to the current standard Health Agreement required by the food safety code.” That seems to be a reference to the Ohio Uniform Food Safety Code section on Employee Health, OAC 3717-1-02.1, which relates to diseases transmissible through food. (Figure 2). The Food Code specifies three different actions to be taken:

1. The Person in Charge (PIC) must report certain diagnoses, listed in (A)(2), to the Health Department;
2. The PIC must keep “conditional employees,” to whom a job has been offered, from working if they have symptoms listed in (A)(1) or diagnoses, listed in (A)(2) or (A)(3), until cleared to work as provided in (E);
3. The PIC must keep “conditional employees,” to whom a job has been offered in an establishment serving a “highly susceptible population,” from working if they have exposures, listed in (A)(4) or (A)(5), until cleared to work as provided in (E).

It is not clear from the guidance where “COVID-19 symptoms” would be added to this; nor is it clear where positive tests or suspected



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exposures would fit in. Perhaps this belongs under (A)(5)(c) except not restricted to highly susceptible populations.

The guide for restaurants and bars says to “contact the local health district about suspected cases or exposures;” but this is under the heading “confirmed cases.” It says to “work with [the] local health department to identify potentially infected or exposed individuals” for contact tracing; and, “once testing is readily available, test all suspected infections or exposures.” Potential problems with this include lack of guidance for the local health departments and asymptomatic spread by people living in the same household as symptomatic people. Also, due to the prodromal period, testing can miss cases.

Cleaning and sanitizing. Because early reports indicated the virus was stable on surfaces, rules addressed cleaning fomites (National Institutes of Health, 2020). The official ODH guidance at <https://coronavirus.ohio.gov/static/responsible/Restaurants-and-Bars.pdf> isn’t perfectly clear

about what is required for cleaning door handles, touch screens, etc. (“Clean all high touch areas every two hours...”) The Food Service Rules (3.2M) call for keeping wiping cloths for “counters and other equipment” in a sanitizer. Perhaps we should recommend using a detergent-sanitizer, which is required for cleaning in place (4.5J). Ohio rules used to go into detail about these products, and Alabama still has guidance posted about them. See <https://www.adph.org/environmental/assets/CleanAndSanitize.pdf>. (p.5; accessed October 6, 2020). As they say, the label must:

1. Include an EPA registration number.
2. State that the product may be used on food contact surfaces.
3. Not require a potable water rinse.
4. State that the product will sanitize.

The guide for restaurants and bars says to “consider air filtration improvements within [the] HVAC system.” However, the guide for pools says to “increase the frequency of air filter replacement

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and HVAC cleaning” (Ohio Department of Health, 2020), which seems better. Perhaps at some point an easy-to-measure proxy for ventilation can be developed and tested. Carbon dioxide has been suggested for this purpose in schools (Chatzidiakou, 2015) (but not specifically to control viruses). Perhaps the guidance should stress related issues, like contact time and use of test kits.

Ohio Revised Code 3717.02 and the following sections set up a Retail Food Safety Advisory Council to recommend changes to the Food Code. This Council should be convened to deliberate necessary changes. Better yet, the Conference for Food Protection could consider changes to the FDA model Food Code when it reconvenes in April 2021. This could result in uniform rules for the whole country at a time when more is known about the behavior of COVID-19.

“REOPENING GUIDE” FOR SCHOOLS (COVID-19 Health and Prevention Guidance for Ohio K-12 Schools)

The Ohio Department of Health has provided guidance for schools (<https://coronavirus.ohio.gov/static/responsible/schools/K-12-Schools-Guidance.pdf>). The guidance includes

- Assessing symptoms
- Increased sanitation
- Social distancing
- Face coverings
- Risk assessment and mitigation

The guidance also includes excellent graphics and numerous references to articles in scientific journals, e. g., The Lancet.

For many years local health departments have been inspecting schools under the authority of the Ohio Revised Code:

ORC 3707.26 Board shall inspect schools and may close them.
 Semiannually, and more often, if in its judgment necessary, the board of health of a city or general health district shall inspect the sanitary condition of all schools and school buildings within its jurisdiction and may disinfect any school building. During an epidemic or threatened epidemic, or when a dangerous communicable disease is unusually prevalent, the board may close any school and prohibit public gatherings for such time as is necessary.

CONTACT TRACING

As the pandemic got going, contact tracing has been geared toward interrupting ongoing transmission to reduce the spread (Anonymous, 2020). The Centers for Disease Control (CDC) initially put up a form for this purpose that seemed to be geared toward ascertainment of the characteristics of this new disease (Centers for Disease Control, 2020).

Columbus Public Health has been using a 6-page form that captures symptoms but also school or child care attendance, residence at a long-term care facility, travel to large events, and use of public transportation (Columbus Public Health, 2020). Contact tracing could go beyond this to identify COVID-19 risks in various venues. The most obvious way to do this would be as an add-on to the existing protocol, by adding pages to interview forms. As of July 19, however, “Due to the current volume of cases, little time is being spent on determining how/where someone was exposed, so that more time can be spent protecting future cases by educating contacts” (Cowen, 2020). Smart phone technology offers a way to bypass this problem. An article in *Science* described research already being done using the technology and partnering with existing health studies to research COVID-19 symptoms (Drew, 2020). Meanwhile, Apple and Google are working on technology to notify individuals of exposure to other individuals via their smart phones: <https://techcrunch.com/2020/09/01/apple-launches-system-level-covid-19-exposure-notification-express-with-ios-13-7-google-to-follow-later-this-month/>.

Smart phone technology could be adapted to alert local health departments to licensed facilities associated with virus spread. Several strategies for detecting foodborne illness have used the global positioning system (GPS) data of smart phone users who had their phones set to share their location data (for navigation purposes, for example) to detect users’ restaurant visits by combining the location data with official health department restaurant licensing records and Google Maps, Google Places API, etc. (Hartman, 2020).

One such strategy, FINDER (Foodborne Illness Detector in Real Time), started as a project developed by Google and the Harvard T. H. Chan School of Public Health (Sadilek, 2018). Individuals did not have to do anything at a restaurant except have their smart phones set to share their location data, as already described. In this case, however, users remained anonymous, but the entire sequence of locations each one visited during the 3 days prior to the user performing a Google search of web pages about foodborne illness were included. To do COVID-19 surveillance like this, all that would be necessary would be to know that the individual with the phone subsequently tested positive.

COVID-19 INSPECTION REPORTS

There does not seem to be any uniform inspection report template in use in the United States, Ohio, or any local health department, for COVID-19. Delaware County made their own for bars and restaurants (Figure 3). Inspection reports for bars and restaurants, schools, and any other facility for which “Reopening Guides” have been issued (gyms, etc.), should include all the factors required in the respective “Responsible RestartOhio” document. All these inspections should be public records and should be searchable. Columbus, for example, routinely posts food safety inspections (<http://www.decadeonline.com/main.phtml?agency=COL#search>) but, apparently, not COVID-19 complaint inspections.

VIRUS RISK STUDIES

The goal of designing inspection reports should be to include enough information (like violation details) that the program has predictive power. This is analogous to foodborne illness outbreak investigations. The idea is to try to control the virus by collecting data like we do foodborne illness outbreaks. Ohio is nowhere close to this now.

Years ago a project in Columbus, Ohio, proposed using Classification and Regression Trees (CART) software with food safety inspection data provided by the City to develop new predictive models for adverse outcomes in food inspections (Hartman, 2020). This project was one of a kind, but advances in data processing technology have most likely made it easy to improve on today.

A rudimentary example: participants in a case-control study published in the MMWR showed that people who had patronized a bar or restaurant at which customers failed to wear masks or maintain social distancing were more likely to test positive for COVID-19 after their likely incubation period (Fisher, Kiva, et al., 2020). If in the future mask-wearing and social distancing become ubiquitous, other factors contributing to COVID-19 outbreaks may emerge.

ENDGAME

Several possibilities have been envisioned for how this will all play out. The one most often put forward is for a vaccine to be developed, but there are other possibilities.

Masks and physical distancing. Some parts of the world, notably Hong Kong and South Korea, have used simple, well-known methods to greatly reduce the epidemic. A systematic review of 172 studies from 16 countries across six continents published in *The Lancet* in June 2020 (Chu, 2020) showed the efficacy of these measures.

Vaccine. The United States government’s “Operation Warp Speed” had five clinical trials for vaccines running as of Halloween 2020, but they have not proceeded as quickly as hoped (Branswell, 2020). There are other problems. According to the *New York Times*, “a 33-year-old man was infected a second time with the coronavirus more than four months after his

first bout, the first documented case of so-called reinfection,” according to researchers in Hong Kong (Mandavilli, First Documented Coronavirus Reinfection Reported in Hong Kong, 2020). There is also the problem that many people may refuse to take a vaccine even if it’s free (O’keefe, 2020).

Herd immunity. Some experts believe eventually enough people will become immune that the virus will die out on its own. The fact that New York City and environs did not immediately experience a resurgence after initially controlling the virus has been cited as evidence for this (Mandavilli, 2020). But a letter in *The Lancet* (Alwan, 2020), signed by more than 80 experts, called herd immunity a “dangerous fallacy unsupported by scientific evidence.”

Monoclonal antibodies. As of August 10, 2020, two Phase 3 randomized placebo-controlled, double-blind clinical trials of experimental monoclonal antibodies to prevent

COVID-19 were underway (Anonymous, 2020). One of these trials of whether laboratory-made antibodies can prevent infection or lessen symptoms is underway in Dublin, Ohio (Filby, 2020).

“Unless a vaccine is administered to all of the world’s eight billion inhabitants who are not currently sick or recovered, COVID-19 is likely to become endemic. It will circulate and make people sick seasonally—sometimes very sick. ... The coronavirus, like most viruses, will live on—but not as a planetary plague (Denworth, 2020).”

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Figure1. Protesters

April 13, 2020; Columbus, OH, USA; Protesters stand outside the Statehouse Atrium where reporters listen during the State of Ohio's Coronavirus response update on Monday, April 13, 2020 at the Ohio Statehouse in Columbus, Ohio. About 100 protesters assembled outside the building during Gov. Mike DeWine's weekday update on the state's response to the COVID-19 pandemic, upset that the state remains under a Stay-At-Home order and that non-essential businesses remain closed.

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Table 1. Clinical manifestations of COVID-19 (examples)

Fever
Dry cough
Loss of smell or taste
Anorexia

Gastrointestinal symptoms:
Nausea
Diarrhea

Figure 2. Excerpts from Ohio Uniform Food Safety Code

3717-1-02.1 Management and personnel: employee health.

(A) The license holder shall require food employees and conditional employees to report to the person in charge information about their health as it relates to diseases that are transmissible through food. A food employee or conditional employee shall report the information in a manner that allows the person in charge to reduce the risk of foodborne disease transmission, including providing necessary additional information, such as the date of onset of symptoms and an illness, or of a diagnosis without symptoms, if the food employee or conditional employee:

(1) Has any of the following symptoms:

- (a) Vomiting;
- (b) Diarrhea;
- (c) Jaundice;
- (d) Sore throat with fever; or

(e) A lesion containing pus such as a boil or infected wound that is open or draining and is:

- (i) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the lesion and a single-use glove is worn over the impermeable cover;
- (ii) On exposed portions of the arms, unless the lesion is protected by an impermeable cover; or
- (iii) On other parts of the body, unless the lesion is covered by a dry, durable, tight-fitting bandage.

(2) Has an illness diagnosed by a health care provider due to:

- (a) *Campylobacter*;
- (b) *Cryptosporidium*;
- (c) *Cyclospora*;
- (d) *Entamoeba histolytica*;
- (e) Shiga toxin-producing *Escherichia coli*;
- (f) *Giardia*;
- (g) Hepatitis A;
- (h) Norovirus;
- (i) *Salmonella* spp.;
- (j) *Salmonella* Typhi;
- (k) *Shigella* spp.;
- (l) *Vibrio cholerae*; or
- (m) *Yersinia*.

(3) Had a previous illness, diagnosed by a health care provider, within the past three months due to *Salmonella* Typhi, without having received antibiotic therapy, as determined by a health care provider;

(4) Has been exposed to, or is the suspected source of, a confirmed disease outbreak, because the food employee or conditional employee consumed or prepared food implicated in the outbreak, or consumed food at an event prepared by a person who is infected or ill with:

- (a) Norovirus within the past forty-eight hours of the last exposure;
- (b) Shiga toxin-producing *Escherichia coli* within the past ten days of the last exposure ;
- (c) *Shigella* spp. within the past four days of the last exposure;
- (d) *Salmonella* Typhi within the past fourteen days of the last exposure;
- (e) Hepatitis A virus within the past fifty days of the last exposure; or

(5) Has been exposed by attending or working in a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual who works or attends a setting where there is a confirmed disease outbreak, or living in the same household as, and has knowledge about, an individual diagnosed with an illness caused by:

- (a) Norovirus within the past forty-eight hours of the last exposure;
- (b) Shiga toxin-producing *Escherichia coli*, within the past ten days of the last exposure;
- (c) *Shigella* spp. within the past four days of the last exposure;
- (d) *Salmonella* Typhi within the past fourteen days of the last exposure; or
- (e) Hepatitis A virus within the past fifty days of the last exposure.

(B) The person in charge shall notify the licensor when a food employee is diagnosed with an illness due to a pathogen specified under paragraph (A)(2) of this rule.

(C) The person in charge shall ensure that a conditional employee:

(1) Who exhibits or reports a symptom as specified under paragraph (A)(1) of this rule, or who reports a diagnosed illness as specified under paragraph (A)(2) or (A)(3) of this rule, is prohibited from becoming a food employee until the conditional employee meets the criteria as specified under paragraph (E) of this rule; and

(2) Who will work as a food employee in a food service operation or retail food establishment that serves a highly susceptible population and reports a history of exposure as specified under paragraphs (A)(4) and (A)(5) of this rule, is prohibited from becoming a food employee until the conditional employee meets the criteria as specified under paragraph (E) of this rule.

(D) Conditions of exclusion and restriction - exclusions and restrictions.

(1) The person in charge shall restrict the duties of a food employee of a food service operation or retail food establishment that has any of the symptoms listed in paragraph (A)(1) of this rule; and

(2) The person in charge shall restrict the duties of a food employee or exclude a food employee diagnosed with illnesses listed in paragraph (A)(2) of this rule from a food service operation or retail food establishment in accordance with rule [3701-3-13](#) of the Administrative Code.

(E) Removal of exclusions and restrictions.

The person in charge may remove an exclusion or restriction specified under paragraph (D) of this rule if the food employee is released by a health care provider or by approval of the licensor. This provision does not prohibit a person in charge from removing the restriction of a food employee if the restriction was due to symptoms listed in paragraph (A)(1) of this rule, the symptoms have ceased, and the illness was not from an infectious disease agent listed in paragraph (A)(2) of this rule.

3717-1-01 State of Ohio Uniform Food Safety Code and definitions.

(54) "Hazard" means a biological, chemical, or physical property that may cause an unacceptable consumer health risk.

(55) "Hermetically sealed container" means a container that is designed and intended to be secure against the entry of microorganisms and, in the case of low acid canned foods, to maintain the commercial sterility of its contents after processing.

(56) "Highly susceptible population" means persons who are more likely than other people in the general population to experience foodborne disease because they are:

(a) Immunocompromised; preschool age children, or older adults; and

(b) Obtaining food at a facility that provides services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

(57) "Injected" means manipulating meat to which a solution has been introduced into its interior by processes that are referred to as "injecting," "pump marinating," or "stitch pumping."

(58) "Juice" means the aqueous liquid expressed or extracted from one or more fruits or vegetables, purees of the edible portions of one or more fruits or vegetables, or any concentrates of such liquid or puree. Juice includes juice as a whole beverage, an ingredient of a beverage and a puree as an ingredient of a beverage.

(59) "Kitchenware" means food preparation and storage utensils.

(60) "Law" means applicable local, state, and federal statutes, regulations, and ordinances.

(61) "License" means the document issued by the licensor that authorizes a person to operate a food service operation or retail food establishment.

(62) "License holder" means the entity that:

(a) Is legally responsible for the operation of the food service operation or retail food establishment such as the owner, the owner's agent, or other person; and

Lawriter. (2021). Ohio Administrative Code Chapter 3717-1 State of Ohio Uniform Food Safety Code. Retrieved from <http://codes.ohio.gov/oac/3717-1>

FIGURE 3. Delaware County COVID-19 Inspection Form (DeGenaro, 2020)



Shelia Richleson, RN, MS
Health Commissioner

Delaware General Health District

1 and 3 West Winter Street
P.O. Box 570
Delaware, Ohio 43015-0570
(740) 368-1700 Fax (740) 368-1736
DelawareHealth.org



Please use the checklist below to assess your facility's compliance with requirements outlined in Responsible Restart Ohio guidelines for reopening Food Facilities

Requirement	Yes	No
No self-service- including straws, stir sticks, buffets, condiments (Self service beverage stations are allowable)		
Employees must perform daily symptom assessments. Require employees to stay home if symptomatic of COVID-19		
Ensure hand washing by employees when changing tasks, when hands become contaminated and at a minimum of once every 2 hours		
Ensure social distancing between employees. Provide COVID-19 compliant floor plan for kitchen		
Post COVID-19 compliant seating plan that ensures social distancing and states maximum dining capacity		
Number of employees permitted in break room limited to 10		
Compliance with OAC training requirements for Person In Charge (PIC) and Manager Certification		
Provide training for staff on Covid-19 prevention		
Have a plan to immediately isolate and seek medical care for any person who develops symptoms of COVID-19 while at the facility. Shut down areas affected for deep sanitation if possible		
Perform enhanced cleaning of commonly touched surfaces such as door knobs, railings, and counter tops at least every 2 hours		
Ensure high volume shared surfaces in congregate areas including playing cards, arcade controllers and pool cues are cleaned between customers		
Clean and sanitize tables, chairs, and menus between customers		
Ensure online and remote access reflects changes in response to COVID-19		
Provide access to hand sanitizer for customers		
Reservations of no more than 10 people per party		
Ensure distancing of 6 feet between parties, otherwise use barriers. Barriers must meet all applicable building and fire code requirements		
Maintain compliance with ODH sanitation and food safety regulations		

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Health and Safety Education * WIC

FIGURE 3. Delaware County COVID-19 Inspection Form (DeGenaro, 2020)



Shelia Hiddleston, RN, MS
Health Commissioner

Delaware General Health District

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Requirement	Yes	No
Add COVID-19 symptoms to the current Employee Illness Policy required by the Food Code		
<p>All employees must wear face masks with the following exceptions and with documentation:</p> <ul style="list-style-type: none"> • Facial coverings in the work setting are prohibited by law or regulation • Facial coverings are in violation of documented industry standards • Facial coverings are not advisable for health reasons • Facial coverings are in violation of the business' documented safety policies • Facial coverings are not required when the employee works alone in an assigned work area • There is a functional (practical) reason for an employee not to wear a facial covering in the workplace 		

References:

1. Alwan, N. (2020, October 15). Scientific consensus on the COVID-19 pandemic: we need to act now. *The Lancet*. Retrieved October 16, 2020, from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)32153-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32153-X/fulltext)
2. Anonymous. (2020, August 10). Clinical trials of monoclonal antibodies to prevent COVID-19 now enrolling. Retrieved August 29, 2020, from NIH.gov: <https://www.nih.gov/news-events/news-releases/clinical-trials-monoclonal-antibodies-prevent-covid-19-now-enrolling#:~:text=Monoclonal%20antibodies%20are%20laboratory%2Dmade,invading%20viruses%20or%20other%20pathogens.>
3. Anonymous. (2020, August 21). Contact tracing. Retrieved August 25, 2020, from Wikipedia: https://en.wikipedia.org/wiki/Contact_tracing
4. Branswell, H. (2020, October 29). It may be time to reset expectations on when we'll get a Covid-19 vaccine. Retrieved October 31, 2020, from Stat: <https://www.statnews.com/2020/10/29/it-may-be-time-to-reset-expectations-on-when-well-get-a-covid-19-vaccine/>
5. Centers for Disease Control. (2020). Human Infection with 2019 Novel Coronavirus Case Report Form. Retrieved August 25, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>
6. Chatzidiakou, L. E. (2015). Is CO2 a good proxy for indoor air quality in classrooms? *Journal of Building Services Engineering Research & Technolog*, 36(2), pp. 129-161. Retrieved October 22, 2020, from https://journals.sagepub.com/doi/pdf/10.1177/0143624414566244?casa_token=PTNRXb9MHzsAAAAA:KnVVIT_VqBL273dsxN7ZxXlfeT3aY6MsR9yBzMSLioPs5Zk85rO2dBckvhUzBJQmnfOsuC65vaEHZQ
7. Chu, D. E. (2020, June 1). Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*, pp. 1973-1987. Retrieved October 31, 2020, from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)31142-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31142-9/fulltext)
8. Columbus Public Health. (2020). COVID-19_Case_Interview_Form_V8.2.pdf, 8.2. Retrieved September 10, 2020, from <https://www.columbus.gov/publichealth/Coronavirus-Portal/>: <https://www.columbus.gov/WorkArea/DownloadAsset.aspx?id=2147516258>
9. Cowen, K. (2020, July 19). RE: [EXTERNAL] Question about COVID-19 contact tracing. Columbus, Ohio, USA. Retrieved from jimh117@earthlink.net.
10. DeGenaro, S. (2020, August 11). Checklist for Food Facilities. Delaware, Ohio.
11. Denworth, L. (2020, June). How the COVID-19 Pandemic Could End. *Scientific American*, 44-45. Retrieved November 3, 2020, from <https://www.scientificamerican.com/article/how-the-covid-19-pandemic-could-end1/>
12. Drew, D. E. (2020, May 5). Rapid implementation of mobile technology for real-time epidemiology of COVID-19. *Science*, 368(6497), pp. 1362-1367. Retrieved September 19, 2020, from <https://science.sciencemag.org/content/368/6497/1362>
13. Fichera, A. (2020, October 29). Trump Baselessly Suggests COVID-19 Deaths Inflated for Profit. Retrieved October 31, 2020, from FactCheck.org: <https://www.factcheck.org/2020/10/trump-baselessly-suggests-covid-19-deaths-inflated-for-profit/>
14. Filby, M. (2020, August 29). Dublin site part of US study of COVID-19. *Columbus Dispatch*, pp. A1, A11. Retrieved August 29, 2020, from <https://www.dispatch.com/news/20200829/employees-patients-at-dublin-nursing-center-infused-with-covid-19-antibodies-for-national-trial>
15. Fisher, Kiva, et al. (2020). Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥ 18 Years in 11 Outpatient Health Care Facilities — United States, July 2020. *Morbidity and Mortality Weekly Report*, 69(36), 1258-1264. Retrieved September 15, 2020, from https://www.cdc.gov/mmwr/volumes/69/wr/mm6936a5.htm?s_cid=mm6936a5_x
16. Grohol, J. (2020, October 9). A psychologist explains why people cling to conspiracy theories during uncertain times. *Business Insider*. Retrieved October 17, 2020, from <https://www.businessinsider.com/psychologist-explains-why-people-believe-conspiracy-theories-during-uncertain-times-2020-4>

17. Hartman, J. (2020, January-February). Predictive Models for Food Code Violations. *Food Protection Trends*, 40(1), pp. 56-65. Retrieved September 28, 2020, from <http://www.foodprotection.org/files/food-protection-trends/jan-feb-20-hartman.pdf>
18. Hernandez, D. S. (2019). How Exactly Do You Catch Covid-19? There Is a Growing Consensus. *Wall Street Journal*(July 1, 2020), 1-11. Retrieved August 18, 2020, from <https://www.wsj.com/articles/how-exactly-do-you-catch-covid-19-there-is-a-growing-consensus-11592317650>
19. Mandavilli, A. (2020, August 17). Covid-19: What if ‘Herd Immunity’ Is Closer Than Scientists Thought? *New York Times*. Retrieved August 23, 2020, from <https://www.msn.com/en-us/news/us/covid-19-what-if-herd-immunity-is-closer-than-scientists-thought/ar-BB1832IN?ocid=msedgdhp>
20. Mandavilli, A. (2020, August 24). First Documented Coronavirus Reinfection Reported in Hong Kong. *New York Times*. Retrieved October 31, 2020, from <https://www.nytimes.com/2020/08/24/health/coronavirus-reinfection.html>
21. National Institutes of Health. (2020, March 17). New coronavirus stable for hours on surfaces. Retrieved October 29, 2020, from News Releases: <https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>
22. Niemeyer, L. (2020, June 15). These 3 factors are driving many COVID-19 outbreaks in rural communities. *Hoptown Chronicle*. Retrieved September 16, 2020, from <https://hoptownchronicle.org/covid-19-rural-outbreaks-meatpacking-plants-prisons-nursing-homes/>
23. Ohio Department of Health. (2020). COVID-19 Dine Safe Ohio Order FAQ. Retrieved August 14, 2020, from <https://coronavirus.ohio.gov/static/responsible/Dine-Safe-Ohio-FAQs.pdf>
24. Ohio Department of Health. (2020). Executive Order 2020-01D. Retrieved August 9, 2020, from <https://coronavirus.ohio.gov/static/publicorders/Executive-Order-2020-01D.pdf>
25. Ohio Department of Health. (2020, May 19). Responsible RestartOhio. Retrieved September 12, 2020, from Local and Public Pools and Aquatic Centers: <https://coronavirus.ohio.gov/static/responsible/Pools-Aquatic-Centers.pdf>
26. O'keefe, S. (2020, August 7). One in Three Americans Would Not Get COVID-19 Vaccine. Retrieved October 31, 2020, from Gallup: <https://news.gallup.com/poll/317018/one-three-americans-not-covid-vaccine.aspx>
27. Ries, J. (2020, May 21). The Psychology Behind Why People Believe Coronavirus Conspiracy Theories. *Huffington Post*. Retrieved October 17, 2020, from https://www.huffpost.com/entry/psychology-why-people-believe-coronavirus-conspiracy-theories_1_5ec46c59c5b6956f4169cea4
28. Sadilek, A. S. (2018). Machine-learned epidemiology: real-time detection of foodborne illness at scale. *NPJ Digital Media*(36), pp. 1-7. Retrieved October 3, 2020, from <https://www.nature.com/articles/s41746-018-0045-1>
29. Staver, A. (2020, April 14). DeWine urged to reopen Ohio. *Columbus Dispatch*, pp. A1, A4. Retrieved September 2, 2020, from <https://www.dispatch.com/news/20200413/gop-lawmakers-protesters-call-on-dewine-to-begin-re-opening-ohio>
30. Zummo, M. (2020, April 23). Ohio Restaurant Association Drafts Recommended Guidelines for State Restaurant Reopenings. *City Beat*. Retrieved August 19, 2020, from <https://www.citybeat.com/food-drink/the-dish/blog/21130055/ohio-restaurant-association-drafts-recommended-guidelines-for-state-restaurant-reopenings>
31. [Lawriter. (2021). Ohio Administrative Code Chapter 3717-1 State of Ohio Uniform Food Safety Code. Retrieved from <http://codes.ohio.gov/oac/3717-1>]

Membership Renewal

It is the time to renew your membership to the Ohio Environmental Health Association (OEHA). You are a key component to a meaningful, professional association dedicated to the advancement and practice of environmental public health. The Ohio Environmental Health Association's primary objectives are to:

- advance the field of environmental public health;
- impact the health and living conditions of all Ohioans;
- apply environmental health regulations equitably in all communities;
- advocate for legislative change and preservation; and
- educate the current and future environmental public health workforce.

During the COVID-19 pandemic, the Board of Director's continues to meet these objectives under unique circumstances using a combination of virtual meetings and the occasional board meeting to allow for voting protocols while maintaining strict compliance with mass gathering, social distancing, and mask protocols.

Currently, the Board of Director's is working with the legislative liaisons to: provide feedback on the proposed budget bill, share insight on current public health topics, understand pending legislative leadership changes, and look toward future issues that could impact our profession. OEHA's Technical Committee Chairs and Rule Advisory Committee Members are actively advising state agencies on pending rules packages that affect

core inspection programs in Ohio. Finally, the Board of Directors is also in the process of developing links to online resources for continuing education for our membership. In a year where in-person education has been extremely limited, we have made it a priority to complete this task as soon as possible so our members can have access to continuing education units (CEUs). In fact, we are already making plans to offer the 2021 Annual Educational Conference virtually to our members.

Your support is vital to the future of OEHA. While OEHA has been fiscally responsible for the past decade, we have experienced a significant decrease in membership brought on by the inability to hold the educational conferences. Your support has never been more crucial to ensure that we, as the leaders of environmental public health, have a viable, intact association when this unique period in time is over.

As your President, I ask that you renew your 2021 membership by completing the application at www.ohioeha.org and click join at the top right corner. In closing when renewing your membership, please consider a one-time donation to the George Eagle Scholarship fund.

We look forward to seeing you and to catch up with all the details of how you and your workplace managed COVID-19.



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Ohio Department of Health CEU Update



Department
of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Stephanie McCloud, Director

MEMORANDUM

TO: Health Commissioners & Directors of Environmental Health

FROM: W. Gene Phillips, MPH, MBA, RS, Chief
Bureau of Environmental Health & Radiation Protection

DATE: December 18, 2020

RE: Opportunity for CE Related to COVID Activities

The Ohio Department of Health recognizes the invaluable work of our sanitarians in response to the COVID-19 pandemic; therefore, we are offering a one-time CE opportunity for those who performed or continue to perform activities related to COVID-19 within their normal scope of work, or outside their normal scope of work.

We recognize that the learning occurring on the job since the onset of the COVID-19 pandemic has been extraordinary and we have heard your concerns about obtaining continuing education while experiencing increased workload and decreased availability of in-person trainings or conferences.

In response, ODH is offering a one-time COVID-related continuing education opportunity for all RS and SITs. This is a one-time opportunity of 10 hours of CE that can be counted toward your current or upcoming renewal cycle (license year 20 or 21). The Ohio Department of Health thanks you for your dedication to the field of health education and promotion during these unprecedented times!

Please keep in mind these important factors:

- A supervisor or manager **MUST** submit a statement on letterhead that includes your name, RS or SIT number and the COVID related activity or activities performed and their signature affirms your completion of the activities listed.
- The RS or SIT who is the subject of the letter must attest that they completed COVID related activities by signing and dating the letter that is to be submitted by the supervisor or manager.
- The date range for these activities must fall within January 1, 2020 and January 31, 2022.
- For your convenience, the signed letter can be emailed directly to Stephanie Youst at stephanie.youst@odh.ohio.gov.
- The memo or letter must be submitted before January 31, 2022. After that date, this opportunity is no longer valid.

If you have any questions, please contact Stephanie Youst at (614) 466-1772 or stephanie.youst@odh.ohio.gov.

News, Information, and Education

Educational Opportunities

Due to the COVID-19 pandemic, this section has intentionally been left blank. Educational opportunities are constantly changing. Please visit ohioeha.org for any available opportunities.

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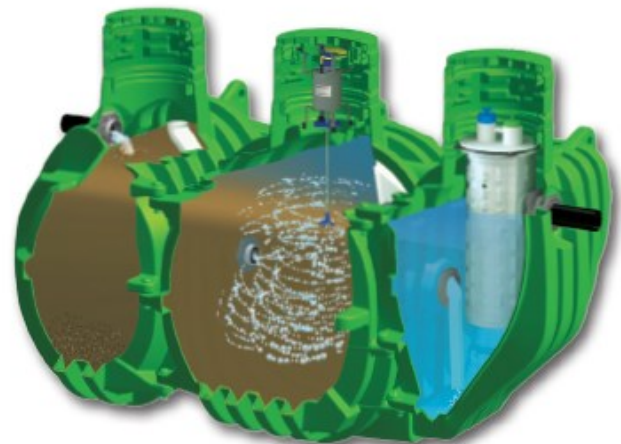


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Announcements

Have a grant, educational opportunity, move, promotion, or other announcement you would like to share? Please email a member of the publications committee.

Open Positions (With an opening of 1/15/21)

- Sanitarian/SIT
Sandusky County Public Health
- Sanitarian/SIT
Hocking County Health Department
- Drainage Maintenance Technician
Union County
- Sanitarian/SIT
Pickaway County Public Health
- Director of Environmental Health
Ross County Health District
- Sanitarian/SIT
Hamilton County Public Health

Congratulations

- *Garrett Guillozet*
Congratulations to Garrett who was recently hired as Health Commissioner of Ross County Health District.

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	<p>Effluent Filters / Filter Alarms & Switches</p> <p>Covers: 12", 15", 18", 20", 24" & 30" Grates: 3", 4", 6", 12", 15", 18", 20" & 24"</p>	<p>Distribution Boxes</p>	<p>Hydro Shield</p> <ul style="list-style-type: none"> • One Hydro Shield fits 3 pipe sizes: 1", 1-1/4" & 1-1/2" or 1", 1-1/2" & 2" • Easy to install, just clip in. • 360 degree equal distribution
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OEHA Committees & Chairs

Body Art

Sarah Badenhop, R.S. - Columbus Public Health

Campground

Mark Janowich, R.S. - Erie County Health Department

Food

Christina Ritchey Wilson, JD, R.S. - Columbus Public Health

Greg Chumney, MPH, RS - Licking County Health Department

Lead

Greg Putka, R.S. - Lorain County Public Health

Private Water Systems

Randy Ruszkowski, R.S. - Stark County Health Department

Sewage

Laura Kramer Kuns, R.S., REHS - Kramer Kuns Consulting, LLC

Eric Cherry, R.S.—Huron County Public Health

Solid Waste

Chuck De Jonckheere, R.S. - Hamilton County Public Health

Swimming Pool, Spa, and Special Use Pool

Barry Grisez, R.S. - Cuyahoga County Board of Health

Vector Control

Scott Pozna, R.S. - Lorain County Health Department

Archives

Melissa Adams, R.S. - Delaware Public Health District

Constitution & By-laws

Ken Sharkey, R.S., MPH - Cleveland Department of Public Health

Exhibits

Shannon Self, R.S. - Delaware Public Health District

Professional Development

Steve Ruckman, MPH, R.S. - Worthington Schools

Resolutions

Jennifer Wentzel, MPH, R.S. - Public Health - Dayton & Montgomery County

Website

Garrett Guillozet, MPA, R.S., REHS, AEMT - Ross County Health District

Auditing

Jennifer Wentzel, MPH, R.S. - Public Health - Dayton & Montgomery County

Awards & Recognition

Gus Dria, R.S., REHS - Canton City Health Department

George Eagle Scholarship

Jacqueline A. Gruza, BS, RS, REHS - Greene County Public Health

Membership

Adam R. Howard, MPH, R.S., REHS - Delaware Public Health District

Nominations & Elections

Open

Public Affairs

Stephan Ruckman, MPH, R.S. - Worthington Schools

Publications

Adam R. Howard, MPH, R.S., REHS - Delaware Public Health District

Concentrated Animal Feed Facility

Jason Menchhofer, R.S. - Mercer County - Celina City Health Department

Ohio Public Health Advisory Board

Garrett Guillozet, MPA, R.S., REHS, AEMT - Ross County Health District

Ohio Public Health Partnership

Chad Brown, R.S., REHS, MPH - Licking County Health Department

Sewage Treatment System Technical Advisory Committee

Dan Lark, R.S., REHS - Lake County General Health District

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