

Sheriff's Committee Agenda 02/03/12

1. Committee meeting called to order by Chairman
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. Request reso awarding bid and authorizing agreement with Chic's Marina for maintenance of patrol boats.
2. Request reso extending service agreement with Trane for Chiller
3. Request reso to send Sgts. Peter DiFiore & Eric Mazzeo to Police Supervisor Training in Schenectady NY.
4. Request reso to accept 911 Interoperability grant in the amount of \$736,938.00
5. Request reso to accept LETPP 2010 grant in the amount of \$48,278.00.
6. Request to amend County budget to reflect monies from Statewide Law Enforcement Terrorism Prevention Program Grants from 2010 monies.
7. Request reso to reclassify Corrections Sergeant position to Corrections Inspector position. Salary request is for \$50,000.00 which is an increase of \$870.00. Corrections Sergeant position was \$49,130.00 plus Overtime. The new position will not be overtime eligible.
8. Request executive session to discuss personnel matter.

Topics for Discussion

1. We have filled 3 correction officer positions due to 1 retirement, 1 resignation and 1 termination. Savings of \$28,964 in the salary code.

Old Business / Pending Items

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Sheriff

DATE: 2/3/12

- (a) Purpose of Contract Change: New Year
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 894 of 2008
- (c) Name of Contractor: Chic's Marina, Inc.
- (d) Address of Contractor: 4752 Lake Shore Dr.
Biltone Edg. Ny. 12514
- (e) Contractor's Contact Person and Telephone Number: DONALD VOLKMAN
644-2170
- (f) Commencement Date of Extension: 1/1/12
- (g) Termination Date of Extension: 12/31/12-
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.)
- (i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:
A3110 441 \$5310.00 Total

Warren County Sheriff's Office
Memorandum

TO: N.H. York, Sheriff

FROM : R.E. Swan, Undersheriff *RES*

SUBJECT : Patrol Boat Maintenance Bids for 2012

DATE. . . . : February 1, 2012

On December 20, 2011, I mailed bid specifications for Patrol Boat Maintenance for 2012 to Chic's Marina, Smith's Marina, Hall's Boat Corporation and Dunham's Bay Marina. As of this date, the only bid I have received is from Chic's Marina. I have attached the sole bid and recommend we award the bid to Chic's Marina. There is no change in the fees from last year and the Marina has again offered dock space at no charge.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Sheriff

DATE: 2/3/12

(a) Purpose of Contract Change: ^{New Year} Service Agreement for 1/1/12 thru 12/31/12

(b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 403 of 2005

(c) Name of Contractor: TRANE

(d) Address of Contractor: 301 Old Wiskoyana Rd.
Latham NY 12110

(e) Contractor's Contact Person and Telephone Number:
Katie Murrelsey
755-1315

(f) Commencement Date of Extension:
1/1/12

(g) Termination Date of Extension:
12/31/12

(h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly quarterly, upon completion of the project, etc.

(i) Where are the Funds for this Contract? List Budget Code, (with title), Object Code (with title), and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount:
A. 3110 1470 \$5,631.00 Total.

Trane
301 Old Niskayuna Road
Latham, NY 12110

518-785-1315 (tel)
518-785-4359 (fax)



20 October, 2011

CRM# 1265799

J.R. Diamond
Warren County Sheriffs Department
1340 State Route 9
Lake George, NY 12845

Dear Brian:

RE: Scheduled Maintenance (Trane Contract #A9191)

Your existing Service Agreement described above will renew on January 1, 2012. The new contract period will run from January 1, 2012 through December 31, 2012.

This year's contract amount is \$5,631.00 per year, to be invoiced quarterly. Or, you may, exercise your option to receive the 3% prepay discount by checking the box below. Payment must be received in full 15 days prior the contract renewal date for discount to apply.

As always, if you have any questions or would like additional information on Trane products and services, Bill Willows can be reached at 518-785-1315.

In order to avoid an interruption in your Trane service, please confirm receipt of this notification by returning this letter signed and a purchase order for the amount specified above prior to the start of the new contract period. To expedite the renewal process we recommend you attach a copy of this letter to the existing agreement in your files.

Thank you for the opportunity to be of service.

Sincerely,
TRANE

CUSTOMER ACCEPTANCE:

Katie Morrissey
Direct Sales Administrator
kamorrissey@trane.com

SIGNATURE: _____
TITLE: _____
ACCEPTANCE DATE: _____
P.O. NUMBER: _____

Yes! I would like to prepay this account in full to receive a 3% discount off the total contract price. (If this letter is returned with the above box checked, Trane will generate an invoice for the total contract amount minus 3%. Payment must be received in full 15 days prior the contract renewal date for discount to apply. Available for contracts of three years or less.) Attachments: Equipment Coverage, Trane US Inc T&C's

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Sheriff (Supervisory Committee) hereby authorizes ERIC MAZZEO (Employee Name)
Peter DiFiorE

to attend Police Supervisors Course (Name of meeting or organization)

at Zone 5 Academy Schenectady NY (Address)

on 3/19 - 4/10/12 (Dates) Mode of transportation to be used CV (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ _____
 Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 4/12/12

[Signature]
Department Head Signature

Date: 2/3/12

[Signature]
Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Collins, Joanne

From: Sady, Joan
Sent: Monday, February 06, 2012 8:25 AM
To: Collins, Joanne
Subject: FW: 07 Amend Budget

Here is the budget amendment from the Sheriff.

Joan Sady
Clerk of the Board
Warren County Board of Supervisors
1340 State Route 9
Lake George, New York 12845
(518)761-6563

From: York, Bud [mailto: Bud.York@sheriff.co.warren.ny.us]
Sent: Monday, February 06, 2012 8:20 AM
To: Sady, Joan
Subject: 07 Amend Budget

Joan: this is what you requested.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Sheriff

DATE: February 3, 2012

- (a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies received from Statewide Interoperable Communications Grant .
- (b) **Appropriation Code, Object Code, Full Title and Amount:**
A.3020 250 911 Center Technical Equipment \$736,938.00
- (c) **Revenue Code (with title), and Amount:**
A.3110 3384 Other Sheriff State Aid \$736,938.00

*Please note all amount must be in whole dollars – no cents.

Previously submitted at 3/28/11 Committee meeting.

RESOLUTION REQUEST FORM NO. 5
Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Sheriff's Office

DATE: March 28, 2011

(a) Purpose of Grant: Facilitate the development, consolidation, operation of the public safety communications to support and interoperable communications for first responders.

(b) Name of Grantor: NYS Office of Interoperable and Emergency C *n/a*

(c) Address of Grantor: 1220 Washington Ave. Building 7A Suite 12242

(d) Grantor's Contact Person and Telephone Number: Toby Dusha

(e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? No

(f) Effective Date of Grant: June 30, 2011

(g) Termination Date of Grant: two years from award

(h) Total Dollar Amount Involved (not to exceed): not to exceed 2 million dollars

(i) Deadline to Submit Grant Application and/or Grant Agreement: May 17, 2011

(j) Is a Budget amendment required?: Not as yet If yes, complete and submit Form No. 7. *Amend Budget only*

(k) Are the funds to go into a Capital Project or Capital Reserve Project?: N/A If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.

(l) Is a Local Share Required?: FNo If Yes, Where are the Funds? List Budget Code (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:

RESOLUTION REQUEST FORM NO. 7

*Request to Amend County Budget**

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Sheriff

DATE: February 3, 2012

(a) **Purpose of Amendment:** Amend the County Budget to increase revenue to reflect monies received from Statewide Law Enforcement Terrorism Prevention Program Grants from 2010 monies .

(b) **Appropriation Code, Object Code, Full Title and Amount:**

A.3020 250	911 Center Technical Equipment	\$34,495.00
A.3110 120	Law Enforcement Overtime	\$13,783.00

(c) **Revenue Code (with title), and Amount:**

A.3110 3384	Other Sheriff State Aid	\$48,278.00
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*Please note all amount must be in whole dollars – no cents.

RESOLUTION REQUEST FORM NO. 14

Request to Reclassify Position

DEPARTMENT NAME: Sheriff

DATE: February 3, 2012

- (a) Title of Reclassified Position: CORRECTIONS INSPECTOR

- (b) Annual Salary of Reclassified Position (and Grade if Applicable):*
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, including longevities, for any **existing** employee who is filling the position. \$50,000.00

- (c) Title and Employee Number of Position to be Deleted: Vacated Sergeants position

- (d) Annual Salary of Position to be Deleted (and Grade if Applicable):*
*(This should be the Base Salary for the position if it is being filled by a **new** employee, **or** the salary, including longevities, for any **existing** employee who is filling the position. \$49,130.00

- (e) Effective Date:* February 23, 2012
*Please do not backdate unless the purpose is to correct an error.

- (f) Where are the Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: A.3150 110

- (g) Has Personnel Officer Reviewed and Approved of the New Position Title?:*
*This is necessary **BEFORE** bringing the request to committees. Yes

Warren County Sheriff's Office
MEMORANDUM

TO: Sheriff York

Prepared By: Michael T. Gates, Captain

SUBJECT: Report of Personnel Changes

DATE: January 31, 2012

Listed below are the personnel changes and budget impact summary for the period of January 01 through January 31, 2012.

Personnel Changes

Officer	Action	Date	Filled By	Date
Eggleston, James Emp# 9793 CO# 26	Retired	01-27-2012		
Ordway, Crystal Emp# 10884 CO# 23	Resigned	1-14-2012	Smith, Timothy R. Emp# 12502 CO# 23	01/16/2012
Plummer, Kathleen Emp# 10726 CO# 57	Termination	01-09-2012	Morris, Krystal R. Emp # 12051 CO # 57	01/23/2012

Budget Impact Summary

Officer	Impact
Eggleston, James	\$11,140.39 Saving
Ordway, Crystal	\$8,912.30 Saving
Plummer, Kathleen	\$8,912.30 Saving



Main Office
1340 State Route 9
Lake George, NY 12845
518-761-6240
Fax: 518-761-6402
oes@co.warren.ny.us

BRIAN A. LAFLURE
Director
Fire Coordinator

AMY J. DREXEL
Deputy Director
Emergency Services Coordinator

Divisions
EMS Coordinator
Gary Scidmore
Hazmat/WMD Coordinator
Jamie Schrammel

Public Safety Committee Agenda

February 3, 2012

1. Committee meeting called to order by Chairman.
2. Motion to approve minutes of prior committee meeting.

Action Agenda

1. **Request:** Resolution request for the extension of Lake George & Horicon Scuba Rescue Team's contracts in the amount of \$6,305 for each department, resulting total of \$12,610

Rationale: Annual renewal for marine rescue teams.

2. **Request:** Resolution request to raise both sides of the 2012 budget to accommodate the NYS Homeland Security Program grant in the amount of \$227,603.

Rationale: Resolution needed to commence purchasing process.

3. **Request:** Travel approval for Brian LaFlure and Amy Drexel to attend the NYSEMA conference in Syracuse on February 7-9 to be paid with grant monies.

Rationale: To receive updates from the State on various emergency response projects and grants.

4. **Request:** Resolution request to renew the contract with Glens Falls Fire Department for Cause and Origin team.

Rationale: Annual contract that needs to be renewed.

5. **Request:** Travel approval for Brian LaFlure to attend Complex exercise in Oriskany on March 6 – 8.

Rationale: This is an invitation only exercise utilizing the training that he received last year.

6. **Request:** Resolution request to pay for half of Amy Drexel's college term fee. There are 40 credit hours at \$77 per credit hour, totaling \$3,080

Rationale: These are emergency management specific courses to go along with her position as Emergency Services Coordinator and her degree in Community and Human Services with a concentration in Emergency Management. The funds can be paid out of a grant. (See attached list of courses)

7. **Request:** Resolution request to raise both side of the Fire Training Capital Project by \$200,000

Rationale: This is to accommodate the grant as per the previous Committee meeting discussion. Subsequent to the last meeting we have received an email approving the purchase of the mask confidence building and Phase B of the engineering contract as viable expenditures of the grant.

8. **Request:** Resolution request to raise both sides of the 2012 budget to accommodate the Local Emergency Planning Committee grant in the amount of \$ 2,613

Rationale: Resolution needed to commence purchasing process.

9. **Request:** Resolution request to approve the Automatic External Defibrillator (AED) plan.

Rationale: This plan is to accommodate the AEDs that are located throughout the County building.

10. **Request:** Resolution request to ratify the actions of the Chairman of the Board to approve the FFY11 NYS Homeland Security Program grant in the amount of \$89,370

Rationale: There is no local contribution to this grant. It is to supplement the local taxpayers in support of homeland security readiness and response.

11. **Request:** Resolution request to approve having an intern.

Rationale: This intern is getting her bachelor's degree and is looking for emergency management experience.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: February 3, 2012

- (a) Purpose of Contract Change: Extension

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 75 of 10

- (c) Name of Contractor: Lake George Volunteer Fire Department, Lake George Scuba Rescue Team

- (d) Address of Contractor: 179 Ottawa Street, Lake George, NY 12845

- (e) Contractor's Contact Person and Telephone Number: Alan Moon 668-5083

- (f) Commencement Date of Extension: January 1, 2012

- (g) Termination Date of Extension: December 31, 2012

- (h) Payment Provisions:
 - i) lump sum amount \$6,305
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.3410 470 (Fire Prevention & Control - Contract)

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: February 3, 2012

- (a) Purpose of Contract Change: Extension

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 75 of 10

- (c) Name of Contractor: Horicon Volunteer Fire Department, Horicon Scuba Rescue Team

- (d) Address of Contractor: PO Box 120, Brant Lake, NY 12815

- (e) Contractor's Contact Person and Telephone Number: James Hayes 494-3428

- (f) Commencement Date of Extension: January 1, 2012

- (g) Termination Date of Extension: December 31, 2012

- (h) Payment Provisions:
 - i) lump sum amount \$6,305
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: A.3410 470 (Fire Prevention & Control - Contract)

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Office of Emergency Services

DATE: February 3, 2012

- (a) Purpose of Amendment: Increase both side of budget

- (b) Appropriation Code, Object Code, Full Title and Amount: A.3645 Homeland Security .130 - Salaries-Part Time \$1,375; .230 - Automotive Equipment \$6,500; .240 - Highway Equipment \$11,820; .250 - Technical Equipment \$69,105; .260 - Other Equipment - \$82,063; .410 - Supplies \$3,000; .444 - Travel/Education \$6,000; .445 - Food \$13,273; .470 - Contract \$34,467

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.3645 3306 -Homeland Security - \$227,603

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

***Please note all amount must be in whole dollars – no cents.**

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

**If this is the result of a grant award, also complete and submit Form No. 5 or 6*

DEPARTMENT NAME: Office of Emergency Services

DATE: February 3, 2012

- (a) Purpose of Amendment: Increase both sides of budget

- (b) Appropriation Code, Object Code, Full Title and Amount: H. 254.9550 Fire Training Center Project .280 - Projects \$200,000

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: H. 254.9550 Fire Training Center Project .3002 - Shared Municipal Services Incentive \$200,000

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*Please note all amount must be in whole dollars – no cents.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Office of Emergency Services

DATE: February 3, 2012

- (a) Purpose of Amendment: Increase both sides of budget

- (b) Appropriation Code, Object Code, Full Title and Amount: A.3641 - Local Emergency Planning; .210 - Furniture \$3; .220 - Office Equipment \$39; .250 - Technical Equipment \$1,725; .410 - Supplies \$308; .422 - Repair/Maint Equipment \$97; .423 - Telephone \$235; .424 - Postage \$49; .444 - Travel/Education \$87; .445 - Foods \$70

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount: A.3641 4306 Local Emergency Planning - Federal Aid - \$2,613

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

***Please note all amount must be in whole dollars – no cents.**

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: February 3, 2012

- (a) Purpose of Contract Change: Extension

- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 408 of 06 & 653 of 10

- (c) Name of Contractor: Glens Falls Fire Department

- (d) Address of Contractor: 134 Ridge St, Glens Falls, NY 12801

- (e) Contractor's Contact Person and Telephone Number: Chief James Schrammel
(518) 761-3822

- (f) Commencement Date of Extension: January 1, 2012

- (g) Termination Date of Extension: December 31, 2012

- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. upon completion)

- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.3410 470 (Fire Prevention & Control - Contract)

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Office of Emergency Services

DATE: February 3, 2012

- (a) Purpose of Request: To approve having an intern.

- (b) Details: This intern is working towards her Bachelor's Degree and is seeking emergency management experience.

- (c) Previous Resolution Number:

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Office of Emergency Services

DATE: February 17, 2012

- (a) Purpose of Grant: Support local emergency interoperability & terrorism preparedness

- (b) Name of Grantor: FFY11 SHSP NYS Homeland Security Office

- (c) Address of Contractor: 1220 Washington Ave, Building 7A, Suite 610, Albany, NY 12242

- (d) Grantor's Contact Person and Telephone Number: Sue Bub, 518 485-0148

- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? no done electronically

- (f) Effective Date of Grant: 9/1/11

- (g) Termination Date of Grant: 8/31/14

- (h) Total Dollar Amount Involved (not to exceed): \$89,370

- (i) Deadline to Submit Grant Application and/or Grant Agreement: 1/6/12

- (j) Is a Budget amendment required? later If yes, also complete and submit Form No. 7.

- (k) Are the funds to go into a Capital Project or Capital Reserve Project? No If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.

- (i) Is a Local Share Required? No If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount: No

Sample: A.1010 470 Legislative Board – Contract \$xx.xx

Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Public Safety Committee hereby authorizes Brian LaFlure

(Supervisory Committee)

(Employee Name)

to attend Complex Exercise Training

(Name of meeting or organization)

at Oriskany

(Address)

on March 6-8, 2012. Mode of transportation to be used County Vehicle

(Dates)

(County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Meal costs - GSA* per diem rate \$ _____

*www.gsa.gov

Date: 2/06/12

Brian LaFlure

Department Head Signature

Date: 2/8/12

Tracy M Wood

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Public Safety Committee hereby authorizes Amy Drexel

 (Supervisory Committee) (Employee Name)

to attend NYSEMA

 (Name of meeting or organization)

at Syracuse

 (Address)

on Feb 7-9, 2012 . Mode of transportation to be used County Vehicle

 (Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
 (Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ 94.00 GSA* Rate \$ 94.00

Meal costs - GSA*per diem rate \$ _____

*www.gsa.gov

Date: 2/3/12



Department Head Signature

Date: 2/3/12



 Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Public Safety Committee hereby authorizes Brian LaFlure

 (Supervisory Committee) (Employee Name)

to attend NYSEMA

 (Name of meeting or organization)

at Syracuse

 (Address)

on Feb 7-9, 2012. Mode of transportation to be used County Vehicle
 _____ (Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
 (Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ 94.00 GSA* Rate \$ 94.00
- Meal costs - GSA *per diem rate \$ _____

*www.gsa.gov

Date: 2/3/12



 Department Head Signature

Date: 2/3/12

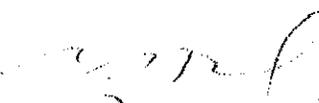
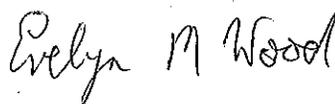


 Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

RESOLUTION REQUEST FORM NO. 19

Application for Approval to Enroll in Job Related Courses by Employee

1. Employee's Name: Amelia Drexel
2. Position: Emergency Services Coordinator
3. Department: Office of Emergency Services
4. Course Title: (See Attached)
5. Institution or School: Frederick Community College
6. How Course Relates to Current Position: Emergency Management
7. Starting Date: March 1, 2012
8. Completion Date: Independent Study
9. Cost: \$3,080
10. Employee's Signature:  Date: 2/6/12
11. Supervisor's Comments (Approval/Denial)
Supervisor's Signature:  Date: 2/06/12
12. Department Head's Comments (Approval/Denial)
Department Head's Signature:  Date: 2/06/12
13. Committee's Recommendation:
Committee Chairman Signature:  Date: 2/9/12

If approved by Committee, and resolution approving the course is adopted by the Board of Supervisors, candidate may enroll and be eligible for 50% reimbursement for costs as itemized in Item #9. Employee must complete the course with at least a "C", its

Printable Course List

Jan 19, 2012, 11:00 AM

Print this page using the icon in the upper right for a list of all the credits available from Frederick Community College and the corresponding Independent Study courses.

Currently, our program offers a total of 45 college credits

ONE CREDIT PER INDEPENDENT STUDY (IS) COURSE

FEM 104 = (IS-8.a) Building for the Earthquakes of Tomorrow

FEM 105 = (IS-279) Retrofitting Flood-Prone Structure

FEM 107 = (IS 346) Orientation to Hazardous Materials for Medical Personnel

FEM 108 = (IS-7) A Citizen's Guide to Disaster Assistance

FEM 109 = (IS-10.a) Animals in Disaster, Module A

FEM 110 = (IS-11.a) Animals on Disaster, Module B

FEM 113 = (IS-1) Emergency Manager

FEM 115 = (IS-3) Radiological Emergency Management

FEM 116 = (IS 5.a) Hazardous Materials

FEM 119 = (IS-288) The Role of Volunteer Agencies In Emergency Management

FEM 122 = (IS-324.a) Community Hurricane Preparedness

FEM 127 = (IS-271) Anticipating Hazardous Weather & Community Risk

FEM 128 = (IS-208.a) State Disaster Management

FEM 131 = (IS-230.b) Fundamentals of Emergency Management

FEM 132 = (IS 240.a) Leadership and Influence

FEM 133 = (IS-241.a) Decision Making & Problem Solving

FEM 134 = (IS-242.a) Effective Communication

FEM 135 = (IS-244.a) Developing & Managing Volunteers

FEM 136 = (IS-632.a) Debris Operations

FEM 138 = (IS-111.a) Livestock in Disaster

FEM 140 = (IS-235.a) Emergency Planning

FEM 141 = (IS-139) Exercise Design

FEM 143 = (IS-650.a) Building Partnerships with Tribal Government

FEM 144 = (IS-253) Coordinating Environment & Historic Preservation Compliance

FEM 145 = (IS-340) Hazardous Material Prevention



FEM 156 = (IS 362.a) Multi-Hazard Emergency Planning for Schools

FEM 157 = (IS- 393.a) Introduction to Hazard Mitigation

FEM 158 = (IS-394.a) Protecting your home or Small Business from Disaster

FEM 161 = (IS-775) Emergency Operations Center

ONE CREDIT FOR "COMBINATION" OF IS COURSES

FEM 103 = (IS-120.a and IS-130) Community Disaster Exercise

FEM 160 = (IS-100.b and 200.b) Incident Command System

FEM 151 = (IS-700.a, IS-702.a, and IS-703.a) National Incident Management System (NIMS)

FEM 159 = (IS-250, IS-800.b, IS-801 thru IS-814, IS 1900) National Response Framework

FEM 170 = (IS-30 and IS-31) Mitigation Grants Management

FEM 171 = (IS-701.a, IS 704, and IS-706) NIMS Communications

FEM 173 = (IS-546.a, IS-547.a, and IS- 548) Continuity Response Operations

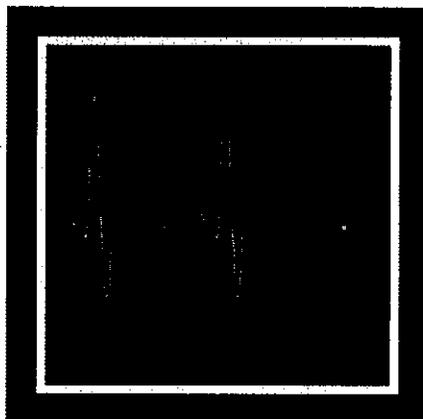
FEM 174 = (IS-26, IS-102.a, IS-293, and IS-634) Disaster Response Operations

FEM 175 = (IS-22, and IS-55) Citizen Preparedness



FEM 178 = (IS-18, IS-19, IS-20, IS-21, IS-33, IS-101.a, IS-106 and IS-107) Emergency Management Administrator

**Warren County
Office of Emergency Services
Public Access Defibrillation Program**



PUBLIC ACCESS DEFIBRILLATION PROGRAM

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**WARREN COUNTY
PUBLIC ACCESS DEFIBRILLATION (“PAD”) PROGRAM**

Warren County Office of Emergency Services has instituted a public access defibrillation program (the “PAD Program”). The purpose of this program is to insure that all New York State laws, rules and regulations applicable to the program are strictly adhered to. This document sets forth the practices, protocols, and procedures of the PAD Program, and is deemed incorporated into each collaborative agreement to which the Warren County Office of Emergency Services is or becomes a party.

“The program goal is to improve an individual’s chance of survival after experiencing sudden cardiac arrest”

TRAINING:

1. Training will be offered to County Employees in CPR and the use of an Automatic External Defibrillator (AED) utilizing a New York State Department of Health approved PAD training course for AED users.
2. A data base of all trained Employees will be kept on file within the Office of Emergency Services. This data will include the name of the employee and a copy of the current certification card.
3. The Warren County Office of Emergency Services will provide initial PAD training and recertification programs for County Employees.
4. An Employee may also obtain initial or recertification thru any Department of Health approved PAD training course.
5. All trained Employees shall be familiar with and trained to use the specific model of AED units owned by Warren County.

LOCATION of AED's

The Warren County Office of Emergency Services has, five (5) AED units, which are to be available at the following locations:

1. Municipal Center, 1st floor by DMV
2. Municipal Center, 2nd floor by Board of Supervisors
3. Human Services Building, 1st floor Security Area
4. Up Yonda
5. Airport

Placement of units will vary by building and will be located to minimize response time in the event of an emergency.

If the Warren County Office of Emergency Services elects to obtain additional AED's, this program shall be amended to reflect such additions, and the location at which they shall be employed.

Appendix G provides floor plan maps of each County facility containing an AED showing the location(s).

MAINTENANCE AND INSPECTION OF AED's

All AED units shall be stored in their cases or cabinets, as supplied by the manufacturer, and shall be kept in a clean, warm, and dry location at all times when not in use.

(a) Weekly Inspection: Certified staff or their designee of any facility at which an AED unit is located, shall conduct a weekly *visual* inspection during regular working hours of such AED to determine whether the seal has been broken, or any of the self-diagnostic tests indicate that attention is required. If the security seal has been broken or any repair or other maintenance condition is identified, the Office of Emergency Services should be notified immediately.

** Recording of weekly inspections is not required.*

** Certified staff is anyone trained in the use of the AED.*

(b) Monthly Inspection: The Warren County Office of Emergency Services, EMS (Emergency Medical Services) Coordinator or Deputy Coordinator shall, at the beginning of the month, inspect the AED unit(s) stationed at such facility, and complete the Monthly Inspection Report (See Appendix D). These reports will be kept on file in the EMS Coordinators office. If any inventory problems are noted, the appropriate supplies will be replenished or replaced as necessary. Appropriate levels of batteries/pads will be ordered according to current expiring dates. The cost for supplies will be assigned to the EMS Coordinators Budget.

(c) Bi-Annual Inspection: The Warren County Office of Emergency Services, EMS (Emergency Medical Services) Coordinator or Deputy Coordinator shall inspect each AED unit as part of the program's bi-annual safety inspections (See Appendix E). These reports will be kept on file in the EMS Coordinators office.

Each bi-annual inspection shall include observation of all self-diagnostic indicators on the equipment, as well as verification that each unit is complete, clean, and in good operating condition.

If a problem is detected in any of the above inspections, or if some attention otherwise seems warranted, then the person inspecting the AED unit should notify the Office of Emergency Services immediately.

In the event that such service or attention so warrants, arrangements shall be made immediately through the Office of Emergency Service to have this completed promptly.

EMERGENCY HEALTH CARE PROVIDER

The Warren County Office of Emergency Services has entered into a collaborative agreement with a Medical Director: (Appendix A and B)

Dr. Douglas Girling
100 Park Street
Glens Falls, N.Y. 12801
Office (518) 926-1000

If the identity of the Medical Director changes, the Warren County Office of Emergency Services shall enter into a collaborative agreement with the new Medical Director, and shall submit the new collaborative as per the current requirement at that time.

QUALITY IMPROVEMENT PROGRAM

As required by the NYS Health Department, the Warren County Office of Emergency Services will participate in a regionally approved quality improvement program.

IN THE EVENT OF EMERGENCY

Call 911 or direct someone else to call 911.

Caller should be prepared to provide the location and any pertinent details of the event.

Provide CPR and use AED as per American Heart Association Guidelines.

AFTER THE ARRIVAL OF MEDICAL ASSISTANCE

After EMS (Emergency Medical Services) has reached the location of the emergency, the Warren County Employees who have been attending to the patient may remain at the scene to assist the emergency medical service personnel unless otherwise directed.

AFTER THE DEPARTURE OF MEDICAL ASSISTANCE

1. When the AED is no longer needed it should be secured, taken out of service and returned to the Office of Emergency Services.
2. Employees involved in the use of the AED will be asked to meet with the EMS Coordinator or a Deputy Coordinator in order to fill out the QI report. (Appendix C).
3. Due to the possible emotional stress caused by a critical incident, determination of the need for Critical Incident Stress Debriefing will be made and reevaluated periodically after the event by the EMS Coordinator or Deputy Coordinator.

DOCUMENTATION REQUIREMENTS

In the event that any AED is used, the following steps are required:

- a.) The EMS Coordinator or Deputy Coordinator will complete the QI Incident Report and mail it to the Mountain Lakes Regional Emergency Medical Services Council within 5 days. (Appendix C)
- b.) EMS Coordinator or Deputy Coordinator will notify the Warren County Pad Program Medical Director promptly and provided them with the Incident Report and other relevant data.

**** Documentation requirements are the same should a non Warren County Employee use the AED.**

APPENDIX A

Date

Mr. Travis Howe
Mountain Lakes Regional Emergency Medical Services Council
5 Warren Street
Glens Falls, NY 12801

Dear Mr. Howe:

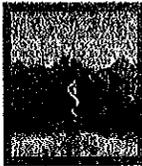
Enclosed is the Collaborative Agreement between Warren County and Dr. _____ . You will also find our Notice of Intent to provide public access defibrillation.

Also, included is a copy of our public access defibrillation program for your review. Any comments and suggestions are welcome.

Please feel free to call anytime should you need any additional information.

Sincerely,

AED Coordinator



APPENDIX B
Mountain Lakes Regional EMS Council
5 Warren Street
Glens Falls, NY 12801

Public Access Defibrillation Collaborative Agreement

This document shall serve as a collaborative agreement between

_____ ("*The Company*") located at (address)

_____ and the company's medical director / emergency health care provider. This document shall meet the provisions set forth in Section 3000-B Article 30 of the Public Health Law of the State of New York for the provisions Automated External Defibrillator (AED).

PURPOSE:

The Company is participating in Public Access Defibrillation to insure that as many employees as necessary can be trained in the use of an Automated External Defibrillator (AED). This training will be provided for the acquisition, deployment, and use of an AED(s) within the facility in an effort to reduce the number of deaths associated with sudden cardiac arrest.

MEDICAL DIRECTOR / EMERGENCY HEALTH CARE PROVIDER:

The Company operates under the guidance of a medical director. This shall fulfill the requirements of an "emergency health care provider" as outlined on the New York State Department of Health form 4135 *Notice of Intent to Provide PAD*.

TRAINING:

The Company has adopted the _____ guidelines for PAD and the training of employees in the use of the AED. All emergency response personnel and any other interested persons MUST successfully complete the required training course. All personnel must complete refresher training in accordance with the guidelines set forth by the training program. The trained employees shall be familiar with the location of the AED and perform regularly scheduled inspections (as recommended by the manufacturer) on the unit.

PROTOCOL FOR USE OF AED:

The Company has adopted the _____ AED Treatment algorithm for the use of the AED(s). The company's AED(s) shall be programmed to prompt the user and deliver counter shocks as outlined by the _____ algorithm.

EMS NOTIFICATION:

The Company will notify the (Ambulance Service Name) _____, (Fire Dept Name) _____ and the (County Name) _____ County Public Safety Answering Point (Dispatch Center) by mail of the placement and training for public access defibrillation. The (County Name) _____ County Public Safety Answering Point (Dispatch Center) will also be notified in the time of emergency.

DOCUMENTATION AND QUALITY IMPROVEMENT:

Anytime the AED is used in the resuscitation efforts of a patient, the operator shall complete a written report it shall be photocopied for the company's records and mailed to the REMSCO for data collection. This will be done as soon as possible to allow for further compilation of data as well as review of the incident. The address to return this information is:

Mountain Lakes Regional EMS Council
5 Warren Street
Glens Falls, NY 12801

All incidents involving the use of the AED shall be reviewed by the company's Medical Director / Emergency Health Care Provider, as well as the Mountain Lakes Regional EMS Council (REMSCO) in an effort to continue providing better care to future patients.

SUMMARY:

The Company is participating in Public Access Defibrillation in an effort to provide progressive quality emergency medical care to the employees, students and / or visitors who have experienced cardiac arrest. A number of employees will be trained to the standards of the _____ to perform CPR and utilize an AED in accordance with these provisions in an effort to lessen the number of deaths caused by sudden cardiac arrest.

AUTHORIZATION NAMES AND SIGNATURES:

_____	_____
Authorized Signature for Company	Date
_____	_____
(Print name)	Title
_____	_____
Signature of Medical Director / EHCP Representative	Date

(Print name)	

APPENDIX C
Mountain Lakes Regional EMS Council
5 Warren Street
Glens Falls, NY 12801
518-793-8200

Public Access Defibrillation QI Report

Name of PAD Provider Organization: _____

Date of Incident: _____/_____/_____ Time of Incident: _____ am/pm

Patient's Age: _____ Patient's Sex: () Male () Female

CPR prior to Defibrillation: _____ () Attempted () Not Attempted

Cardiac Arrest: () Not Witnessed () Witnessed by Bystander () Witnessed by AED

Estimated Time (in minutes) from Arrest to: CPR: _____ Shock: () Indicated () Not Indicated

Estimated Time (in minutes) from Arrest to 1st shock _____ Number of Shocks: _____

Additional Comments: _____

Patient Outcome at Incident Site:

- () Return of pulse and breathing () No return of pulse or breathing
() Return of pulse with no breathing () Became responsive
() Return of pulse, then loss of pulse () Remained unresponsive

Name of AED Operator: _____ Transporting Ambulance: _____

Name of Facility Patient Transported to: _____

Name of Emergency Health Care Provider: _____

Signature of Health Care Provider

Date of Report

This report is to be completed **within five (5) business days of use** of an AED.

The completed report must be mailed to:

Mountain Lakes Regional EMS Council
5 Warren Street
Glens Falls, NY 12801

The information obtained from this report will be maintained as confidential Quality Assurance information pursuant to Article 30, Section 3004-A and 3006 of the Public Health Law of the State of New York.

**APPENDIX D
WARREN COUNTY OFFICE OF EMERGENCY SERVICES
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
MONTHLY INSPECTION REPORT**

DEVICE LOCATION:

Date of Inspection

INVENTORY ITEM:	UNIT # Loc:	UNIT # Loc:	UNIT # Loc:	UNIT # Loc:
1.Storage Cabinet Intact / Sealed				
2.AED Unit Intact				
3.Battery Installed & Functional				
4. Ready Light Operational				
5.AED Self Test				
6.AED User Guide In Cabinet				
7.CPR Guide In Cabinet				
8.Spare Battery(Exp. Date)				
9a.Adult Electrode Pad Exp. date				
9b.Child Electrode Pad Exp. date				
10.Incident Report Forms (2)				
11.Pen				
12.Mouth Barrier Device				
13.Razor				
14.Scissors				
15.Non-Latex Glove (2 Pairs)				
16.Gauze Pads or Towel				
17.Serial Number				
SIGNATURE OF INSPECTOR:				

COMMENTS: _____

**APPENDIX E
WARREN COUNTY OFFICE OF EMERGENCY SERVICES
AUTOMATED EXTERNAL DEFIBRILLATOR (AED)
BI-ANNUAL INSPECTION REPORT**

DEVICE LOCATION:

Date of Inspection _____

INVENTORY ITEM:	UNIT # Loc:	UNIT # Loc:	UNIT # Loc:	UNIT # Loc:
1.Storage Cabinet Intact / Sealed				
2.AED Unit Intact				
3.Battery Installed & Functional				
4. Ready Light Operational				
5.AED Self Test				
6.AED User Guide In Cabinet				
7.CPR Guide In Cabinet				
8.Spare Battery(Exp. Date)				
9a.Adult Electrode Pad Exp. date				
9b.Child Electrode Pad Exp. date				
10.Incident Report Forms (2)				
11.Pen				
12.Mouth Barrier Device				
13.Razor				
14.Scissors				
15.Non-Latex Glove (2 Pairs)				
16.Gauze Pads or Towel				
17.Serial Number				
SIGNATURE OF INSPECTOR:				

COMMENTS: _____

APPENDIX F

Warren County Board of Supervisors Resolution of Acceptance of this plan

APPENDIX G
LOCATION OF AED'S

APPENDIX H
COPY OF
NOTICE OF INTENT TO PROVIDE
PUBLIC ACCESS DEFIBRILLATION