

Warren County Health Services
 Health Services Committee
 AGENDA FOR
 August 23, 2021
 Information Submitted By: Ginelle Jones, DPH/DPS

Health Services Committee Members: Edna Frasier, Peter McDevitt, Ronald Conover, Andrea Hogan, and John Strough.

- I. Committee meeting called to order by Chairperson
- II. Motion to approve the minutes of the July 19, 2021 Committee meeting.
- III. Action Agenda/New Business

Request Resolution: 1	To increase supervisor on call pay for week nights from \$45 per night to \$60 per night and weekend rate (for Sat and Sunday) from \$235 to \$350, effective 7/1/2021 and authorize retroactive payments. (Attachment #1)
Rationale:	Effective 7/1/2021, the CSEA contract increased employee (and staff nurse) on call pay to \$50/day. The staff nurse on call rate now exceeds the rate of the nursing supervisors. There is a M-F nightly rate and a weekend rate to compensate supervising nurses covering the agency after hours. Neither have been adjusted in over 10 years. This will have an estimated \$5000 impact on the current budget.

Request Resolution: 2	To authorize contract with Quadrant Biosciences, Inc., a laboratory, to facilitate covid testing to support schools and help to maintain in person instruction. The contract period will commence 7/1/2021 and go through 7/31/2022 and not exceed \$1,730, 012 with the ability to renew annually as grant funding is available, rates do not exceed 5% increase annually, or 30 day written termination notice is not rendered by either party. Currently pooled saliva pcr tests are \$20/individual specimen and \$200/wastewater specimen (Attachment #2)
Rationale:	Warren County received a NYS DOH/HRI ELC grant funding in the amount of \$1,730,012 to support covid screening and surveillance testing in schools to maintain in person instruction. This contract will allow Public Health to purchase kits for distribution to schools to facilitate testing.

Request Resolution: 3	To authorize grant contract (C36966GG) with NYSDOH and receive funding for Immunization Action Plan (IAP) Covid Vaccine Response in the amount of \$ 70,842.33 from 1/1/2021 (Retroactive) to 6/30/2024 to promote covid and other vaccine uptake, which includes funding (20%) to target high risk groups. (Attachment #3)
Rationale:	NYS is offering funding to promote vaccination and will cover eligible expenses since 1/1/2021 through 6/30/2021.

Request Resolution: 4	To approve filling and request referral to Personnel Committee to approve filling vacant full time Public Health Nurse #8, Grade 21 position. The base salary is \$ 53,675. (Attachment #4)
Rationale:	The position became vacant 8/18/21 through resignation. The position is needed and is revenue generating.

Request Resolution: 5	To approve filling and request referral to Personnel Committee to approve filling vacant full time Public Health Nurse #35, Grade 21 position. The base salary is \$ 53,675. (Attachment #5)
Rationale:	The position will become vacant 8/24/21 through resignation. The position is needed and is revenue generating.

Request Resolution: 6	To authorize accepting \$25 donation to Health Services. (Attachment #6)
Rationale:	A donation was received in memory of a patient in appreciation of our agency and recognition of the care provided one of our nurses.

Request Resolution: 7	To amend the 2021 budget to reflect IAP Covid Vaccine Response grant funding (C36966GG). (Attachment #7)
Rationale:	Tawn Driscoll, Fiscal Manager, will be at the meeting to discuss.

Request Resolution: 8	To amend the 2021 budget to reflect HRI ELC Covid grant funding. (Attachment #8)
Rationale:	Tawn Driscoll, Fiscal Manager, will be at the meeting to discuss.

Request Resolution: 9	To amend the 2021 budget to reflect receipt of donation. (Attachment #9)
Rationale:	Tawn Driscoll, Fiscal Manager, will be at the meeting to discuss.

Request Resolution: 10	To authorize 2021 budget transfer. (Attachment #10)
Rationale:	Tawn Driscoll, Fiscal Manager, will be at the meeting to discuss.

I. Information for Discussion/Review

Report of Revenues and Expenditures for 2021
 Please see Attachment #11. Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

Revenue and Expense Comparison Report for 2020 vs 2021

Please see Attachment #12.

Tawn Driscoll, Fiscal Manager, will be present at the meeting to review the reports and answer any questions.

Status of Referrals

Please see Attachment #13 A/B for the report.

Emergency Response and Preparedness

Please see Attachment #14 for the report.

Rabies Report:

Please see Attachment #15 for the report.

Meeting/ Conference Authorizations:

To authorize Ginelle Jones, Director of Public Health and Patient Services to attend the 2021 Public Health Leaders' Summit: Focus on Vaccine, sponsored by NYSACHO, held October 5-7, 2021 in Clayton, NY at the 1000 Islands Resort. Meeting expenses, meals, and lodging are covered by NYSACHO dues. The county is responsible for travel/gas. If possible, will carpool with another county and share expenses.

(Attachment #16)

To authorize Mary Murphy, Public Health Nurse, to take a Home Care Coding Specialist course online. Total cost is \$811 and includes the course online, the exam and Study guide. TBA. (Attachment #17)

To authorize Mary Murphy, Public Health Nurse, to take the Home Care Clinical Specialist Oasis course online. Total cost is \$463.00 and includes the Study guide, the exam and companion guide. TBA. (Attachment #18)

II. Referral/Pending Items

There are no pending items.

III. Privilege of the floor to discuss any additional items to come before Committee (Please allow 15 second delay on live stream meetings)

1. COVID19 Update

IV. Motion to adjourn the Health Services Meeting

Attachments:

1. Resolution Request: Supervisor On Call
2. Resolution Request: Quadrant Biosciences, Inc
3. Resolution Request: NYSDOH Immunization Action Plan (IAP) Grant
4. Resolution Request: Intent to Fill Public Health Nurse #8
5. Resolution Request: Intent to Fill Public Health Nurse #35
6. Resolution Request to Accept \$25 Donation
7. Resolution Request: 2021 Budget Amendment IAP Grant Funding
8. Resolution Request: 2021 Budget Amendment ELC Grant Funding
9. Resolution Request: 2021 Budget Amendment Donation
10. Resolution Request: Budget Transfer
11. Report of Revenues and Expenditures for 2021
12. Revenue and Expense Comparison Report for 2020 vs 2021
13. Report of Referrals Status A/B
14. Emergency Response and Preparedness Activities Report
15. Rabies Report
16. Authorization to Attend a Meeting: NYSACHO PH Leaders' Summit
17. Authorization to Attend Meeting: Coding
18. Authorization to Attend Meeting: Oasis
19. Handout: Covid Clinic Schedule

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: Health Services

DATE: August 23, 2021

- (a) Purpose of Request:
To increase supervisor on call pay for week nights from \$45 per night to \$60 night and weekend rate from \$235 to \$350, retroactive starting July 1, 2021.

- (b) Details:
As a result of the latest CSEA/Warren County agreement, staff nurse compensation was raised to \$50/day, more than the supervisors, which was \$45/day. The supervisor on call compensation has not been increased in over 10 years.

- (c) Previous Resolution Number:
321/1998

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
Estimated \$5000 increase;
A.4010.110
Health Services Full Time Salaries

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 321 OF 1998

Resolution introduced by Supervisors Casey, Monroe, O'Neill, Champagne,
Belden, Montesi, Thomas, Rehm and O'Connor

AMENDING RESOLUTION NO. 119 OF 1994 - INCREASING COMPENSATION
FOR "ON-CALL" SERVICES AS PROVIDED BY AUTHORIZED PERSONNEL OF THE
WARREN COUNTY HEALTH SERVICES DEPARTMENT

WHEREAS, Resolution No. 119 of 1994 increased the compensation for "on-call"
services as provided by authorized personnel of the Warren County Health Services Department,
and

WHEREAS, it has been recommended that the County of Warren increase the
reimbursement for "on-call" pay to authorized personnel from Two Hundred Dollars (\$200) per
week to Two Hundred Thirty-Five Dollars (\$235) per week, now, therefore, be it

RESOLVED, that the Warren County Board of Supervisors hereby approves
increasing compensation paid to authorized personnel of the Health Services Department for
"on-call" services from Two Hundred Dollars (\$200) to Two Hundred Dollars (\$235) per week,
and be it further

RESOLVED, that Resolution 119 of 1994 is hereby amended accordingly.

ADOPTED BY UNANIMOUS VOTE.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Health Services

DATE: August 23, 2021

- (a) Is this a Result of a Bid or Request for Proposal? **N/A Sole Source**
- (b) Purpose of Contract: **To facilitate covid testing to support schools and help to maintain in person instruction. Services include \$20/pooled saliva pcr test and \$200 wastewater specimens.**
- (c) Name of Contractor: **Quadrant Biosciences, Inc.**
- (d) Address of Contractor: **505 Irving Ave Suite 3100 A-B; Syracuse, NY 13210**
- (e) Contractor's Contact Person and Telephone Number:
Mike Fletcher 315-440-3434
- (f) Has or will the Contract be provided, if so, please attach: **Template provided for County Attorney's Office to approve**
- (g) Commencement Date of Contract: **7/1/2021**
- (h) Termination Date of Contract: **7/31/2022 or 90 day written termination notice by either party; Otherwise, ability for 1 yr extension, dependent upon grant funding availability and there is >5% increase in rate for services.**
- (i) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed **\$1,730,012**
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: Not to exceed \$1,730,012; A.4194.470 Public Helath ELC Schools Grant Contract expense**

Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx

*as listed in budget and LOGOS

Jones, Ginelle

From: Michael Fletcher <michael.fletcher@quadrantbiosciences.com>
Sent: Tuesday, August 10, 2021 1:34 PM
To: Jones, Ginelle
Subject: Re: ELC testing SUNY Upsate and Quadrant Biosciences
Attachments: Quadrant Blank Contract .docx (5).pdf; Warren Sole Source Form.pdf

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

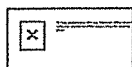
Good afternoon Ginelle,

Here are the documents I mentioned on the call. Please let me know if you need anything else as you prepare for this process.

- **Standard Operating Procedure (SOP)**: This is a guide on best practices for setting up testing day procedures, as well as how to access your account as an organizational manager, transport of samples, and more.
- **Clarifi COVID-19 Web App Guide**: This is a quick user guide for both parents/guardians on how to set up their accounts, plus what the organizational manager will see and the prerequisite questions that will be asked before a test is administered.
- **Video for OR-100 collection device (swab)**
- **Register a Test**
- **Parents**
- **Org Manager**

For more information visit schools.quadrantbiosciences.com

Best Regards,



Mike Fletcher
Sale Associate, Quadrant Biosciences Inc.

O (315)440-3434W QuadrantBiosciences.com

On Mon, Jul 19, 2021 at 9:22 AM Michael Fletcher <michael.fletcher@quadrantbiosciences.com> wrote:

Good morning Ginelle,
Hope you had a nice weekend.

Below in Exhibit A we made some changes to the contract again by adding some more information that makes it more clear for your county what we can provide. If we can provide other documents like examples to RFPs, don't hesitate to ask.

Let me know if you have any questions about the changes and I hope you have a great week moving forward.

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Memorandum

TO: Julie Butler, Director of Purchasing

FROM: Ginelle Jones, Director of Public Health

RE: Request for Sole Source Authorization of Quadrant Biosciences Inc. ("Quadrant") for COVID-19 School Testing

DATE: August 10, 2021

SUMMARY: Warren County Health Services seeks sole source authorization to contract with Quadrant to perform COVID-19 testing for Warren County schools during the 2021-2022 school year with funds allocated to Warren County by New York State Department of Health (NYS DOH), provided to NYS via the *American Rescue Plan Act of 2021 (ELC Reopening Schools: Support for Screening Testing To Reopen & Keep Schools Operating Safely Guidance)*.

1. BACKGROUND

COVID-19 and the School Experience. Covid-19 is an infectious disease caused by SARS-CoV-2, a coronavirus first discovered in Wuhan, China in December 2019. Since its discovery, it has quickly spread around the world, causing much illness, death, and disruption. The community impacts of controlling COVID-19 have been particularly disruptive to schools. Pursuant to NYS emergency orders, schools across NYS were closed from March 20, 2020 to the end of the 2019-2020 school year. During the 2020-2021 school year, schools across Warren County differed in their reopening strategies (in-person schooling, virtual learning, hybrid schedules) and, throughout the year, students, families, and staff struggled with unpredictable school-wide, classroom-wide, school bus ridership-wide quarantines, as well as additional, frequent enforced individual school loss while seeking "COVID-clearance" to return to school after a suspected exposure or symptoms.

As we prepare to enter the third school year affected by COVID-19, the cumulative effects of school disruption for our children and their families are beginning to become clear. Negative consequences identified to date include academic learning loss, social deprivation, worsening mental and physical health, job loss and economic disruption, and diminished access to school-supplied essential services upon which numerous families rely.

Preparing for the 2021-2022 Academic Year. Because in-person learning is being prioritized to counteract many of the negative impacts of COVID-19 on students and families, much effort is going into formulating a COVID-19 response for the 2021-2022 school year that provides adequate virus protection controls while minimizing disruption to students, educators, and families. COVID-19 school testing will be the cornerstone of this effort, informing public health's ability to give appropriate guidance and direction throughout the year while navigating the variables associated with this phase of the Pandemic:

- (1) Vaccination Coverage: Although COVID-19 vaccines are now available for much of the population and Warren County's overall rate of vaccine coverage (64.2% of the total population as of August 10, 2021) is above-average:

- a large portion of the student population going into the 2021-2022 year is not yet eligible for the vaccine – i.e., all school children under the age of 12.
- vaccination coverage is not evenly spread geographically. Estimated vaccination rates by zip code across our county range from a high of 99% to as low as 47.6.0% as of August 10, 2021. Since geography relates to both zip code and school district boundaries, the safety of the school environment will vary depending on the vaccination rates in the neighborhoods served by a particular school.
- a portion of the school population either cannot or will choose not to be vaccinated due to reasons ranging from medical grounds to personal beliefs, as well as vaccinated individuals whose immune response to the vaccine was less than optimal.

- (2) Virus Variants: New variants of COVID-19 are occurring and will continue to occur as the virus mutates. Variants become a concern when they increase transmissibility of the virus, are more likely to cause severe illness or reinfection, or reduce vaccine effectiveness. Public Health must closely monitor the spread of variants within a community to determine appropriate infection controls that should be instituted at a given time. Therefore, Public Health must have access to genetically sequenced viral testing data from their community.
- (3) Vaccine Effectiveness: Thus far, the vaccines available in the U.S. have proven to be highly potent and safe, as well as effective against all known variants. However, at some point, that protection is likely to wane and require a booster shot. Because COVID-19 and the vaccines developed for it are so new, we do not yet have the years of observation and research that inform exactly when a booster is needed. Until we have more knowledge, we must carefully monitor COVID-19's presence in our community and make the best informed decisions that we can with respect to how to keep our population safe.
- (4) Children and COVID-19. Many of the infection control decisions in the U.S. have been premised on evidence showing that children, especially young children, are less likely to contract COVID-19 and, if they do, less likely to require hospitalization. Thus, vaccine testing and approvals for older adults, adults, and then, older children, were prioritized ahead of children under 12. Nonetheless, 1% of New York residents under 20 years old have been hospitalized and the medical community has identified a particularly dangerous condition that appears to affect a small sub-set of children known as Multi-System Inflammatory Syndrome in Children (MIS-C) associated with COVID-19, which has caused the deaths of two children in New York State. Moreover, given that children under 12 cannot yet be vaccinated, they remain exposed to virus variants that could potentially target children more effectively. At this point, nearly every COVID-19 death is preventable, and a child's death is perhaps the most tragic. Therefore, Public Health needs every tool and data point at its disposal to guide us through the next year until vaccine coverage is available to all ages.
- (5) Lower Volume of Community COVID-19 Testing: Because so much of our adult population is vaccinated, fewer people will encounter situations where COVID-19 testing will be

recommended or required. Therefore, testing of school age children will be a primary source of information regarding how COVID-19 is evolving in our County. Maximizing the quantity of both testing and information that we can obtain from school testing will be strategically important to piecing together the puzzle of COVID-19 in our community. Ways to maximize testing and the information obtained from testing:

- Genetic sequencing to detect the spread of variants;
- Testing that is easy and non-invasive so that children have a positive experience with it and are willing to be tested repeatedly;
- Registration for testing that is easy so that parents are willing to take the time to register their children;
- A testing process that is easy and efficient for schools that will be the public face and facilitators of testing;
- One-stop testing that does not require collection of a second, follow-up test of children and staff whose first pooled or rapid specimen came back with a preliminary positive score
- Easy access to test results by families, schools, and WCPH

2. QUADRANT AND SOLE SOURCE EXEMPTION

In accordance with Section 2, Sole Source Procurement of the Purchasing Procedures, contained in Chapter 2 , Section C of the Warren County's 2021 Purchasing Policy (distributed by email 4/19/2021, Warren County Health Services believes that entering into a contract with Quadrant would qualify for sole source exemption:

(1) Quadrant's products and services would provide unique benefits to the County as compared to other products/services available in the marketplace

As noted in Section 1 of this Memo, we have entered a new phase of the COVID-19 pandemic that has new variables, uncertainties, and complexities. While we have learned much from the past 18 months of studying COVID-19, much of the public health response for this 2021-2022 school year will be influenced by factors for which there is no playbook. Thus, WCPH will need as much information as possible regarding the progress of COVID-19 across our County.

As certified in the Letter Dated August 10, 2021 provided by Quadrant, which is attached hereto as EXHIBIT A ("Sole Source Letter"), Quadrant provides a suite of COVID-19 products and services that provide unique benefits to WCPH. Although some products/services are available from a number of potential vendors (e.g., online patient registration portal, electronic results reporting, training and support for schools performing the test collection), only Quadrant has FDA approved saliva-based qPCR screening and diagnostic testing along with FDA approval to pool up to 12 specimens and perform confirmatory testing without having to obtain a second test sample from the patient. Those attributes will make testing more appealing to children, families, and schools, thereby increasing the overall quantity of voluntary testing so as to provide better information to WCPH regarding COVID-19 across the County. Those unique products/services mean that only one test must be performed even if confirmatory testing is required, a saliva test that people generally

prefer over nasal swabs, and faster turnaround of confirmatory results that will reduce time excluded from school while children await their results. Furthermore, Quadrant includes genetic sequencing of positive specimens in its suite of services that will provide key information to WCPH regarding the evolution of COVID-19 in our County, thereby improving the quality of information available to WCPH from the school testing program.

(2) No other product or service provides substantially equivalent or similar benefits

As described in (1) above, Quadrant's FDA approved pooled saliva testing, combined with the availability of genetic sequencing for positive specimens, will provide testing that is substantially more beneficial than other products or services currently available. Quadrant's testing should reduce barriers to voluntary testing (one-stop testing, saliva not nasal swab, pooled testing for efficiency and rapid turnaround, etc.) while providing additional, actionable information (i.e., genetic sequencing) not offered by other vendors.

(3) Considering the benefits received, the cost of the produce or service is reasonable in comparison to other products or services in the marketplace; and

According to the proposed CONTRACT provided by Quadrant for review, which is attached hereto as EXHIBIT B, Quadrant intends to charge \$20 per collection device for each initial test and \$65 for confirmatory testing of suspected positive specimens. In contrast, COVID-19 PCR testing typically costs \$100. Therefore, Quadrant will be providing greater benefit at lower cost compared to other COVID-19 testing programs in the marketplace.

(4) There is no possibility of competition from competing dealers or distributors

Based on the Sole Source Letter provided by Quadrant, WCPH does not believe there is any possible competition from competing dealers or distributors.

EXHIBIT A
SOLE SOURCE LETTER



Sole Source

2021 Sole Source Form

August 10, 2021

Ginelle Jones, Director of Public Health
Warren County Health Services
1340 State Route 9
Lake George, NY 12845

To Whom it May Concern:

This letter is to confirm that the Clarifi COVID-19 Saliva Test is a sole source product sold and distributed exclusively by Quadrant Biosciences Inc. No division of Quadrant Biosciences, nor any other company, makes a similar or competing product. This product must be purchased directly from Quadrant Biosciences at the following address:

Quadrant Biosciences
505 Irving Avenue Suite 3100 A-B
Syracuse, NY 13210
315-614-2325
NY Vendor ID: 1100146168

A sole source determination has been decided based on the following criteria.

- FDA EUA or Approved saliva-based, qPCR screening and diagnostic testing for SARS-COV-2; FDA authorization or approval to pool up to 12 specimens and ability to perform reflex testing without needing to obtain an additional patient specimen; test must be highly sensitive (LOD of 1,000cp/ml or less as measured by the FDA Reference Panel).
 - <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-eme>
- CLIA/CLEP certified with appropriate authorizations for COVID-19 testing; pooled testing results available within 24 hours of specimen receipt by the lab, reflex results available in 12-24 hours thereafter.
- Data Requirements:
 - On-line patients registration (inclusive of all necessary consent and HIPAA waiver documents); clinical screening and diagnostic results delivered to patients electronically; individual results delivered electronically to organizations (i.e.

schools, municipalities, etc.) and in a format that may be downloaded; results delivered electronically to NYSDOH.

- Training and Customer Service:
 - Training materials and remote support provided to organizations to facilitate patient registrations and efficient on-site specimen collections; specimen collection devices delivered to organizations within 2 business days of request; overnight UPS shipping labels available on request and provided at cost; on-site support available upon request and provided at cost.

- Additional Services:
 - Ability to sequence positive specimens to facilitate SARS-COV-2 phylogenetic tracking.

There is no other like product available for purchase that would serve all of the following: FDA authorization, pooling capacity, and saliva collection type.

If you desire additional information on the Clarify COVID-19 testing service offered by Quadrant, visit Quadrant's website at www.quadrantbiosciences.com or schools.quadrantbiosciences.com.

Certified By:

Signature Date

Signature of: _____

Title: _____

Agency Approval by:

Signature Date

Name and Title

Company Representative Acknowledgment

Signature: *H. Brady Millican*

Name and Title: H. Brady Millican, EVP Sales

EXHIBIT B
COVID TESTING SERVICES AGREEMENT
(unsigned)



biosciences
COVID TESTING SERVICES AGREEMENT

THIS AGREEMENT ("Agreement") is made as of August __, 2021 ("Effective Date") by and between _____ having its principal offices located at _____ ("Customer"), and Quadrant Biosciences Inc. and having its primary business located at 505 Irving Avenue, Suite 3100 A/B, Syracuse, New York 13210 ("Quadrant").

WHEREAS, Customer desires to utilize laboratory services to test pooled samples of saliva in an effort to detect and prevent COVID-19 outbreaks in its organization ("Screening"), as well as Customer requested testing of individual saliva samples in pooled samples that test positive ("Reflex Testing"); and

WHEREAS, Quadrant, inclusive of its subsidiaries and affiliates, has qualifications and abilities to provide the Screening and Reflex Testing services in an acceptable manner and at a reasonable price;

NOW THEREFORE, in consideration of the mutual covenants and considerations herein set forth, the parties hereto agree as follows:

- 1. DESCRIPTION OF SERVICES.** Beginning on August __, 2021, Quadrant will provide to Customer the services described in the attached Exhibit A, *Description of Services and Pricing*. All Screening and Reflex Testing will be performed using the Clarifi COVID-19 Test Kit in a CLIA/CLEP high-complexity laboratory and in accordance with accepted good laboratory practice, and specifically in accordance with the laboratory's operating procedures and the established instructions for such tests.
- 2. AUTHORIZED USERS.** If Customer has affiliated departments or entities that are authorized to utilize the services as set forth in this agreement (the "Agreement"), such Affiliates, if any, are identified on Exhibit B, and the services will be provided on the terms and conditions of this Agreement.
- 3. PURCHASE ORDERS AND PAYMENT.** Customer will issue a formal purchase order to Quadrant Biosciences specifying the quantity of Screening Tests to be ordered at the agreed upon price. Upon acceptance of the purchase order, Quadrant Biosciences will provide complete and accurate billing invoice to Customer for the testing services to be rendered. The testing service includes delivery of the collection kits to be used to collect the saliva specimens that will be tested. Saliva collection kits are not returnable after delivery to Customer. Payment for the COVID testing is payable in advance of performance of the testing and prior to shipment of the saliva collection kits.
- 4. TERM.** Except as otherwise provided herein, the term of this Agreement (the "Term") shall be for a period of One Year commencing on August 1st, 2021 and may be extended for an additional 1 year period, provided that the parties agree upon Pricing for the extension of the Term.
- 5. CAPACITY AND PURCHASE COMMITMENT.** Quadrant will reserve sufficient capacity to perform tests for Customer's Screening and Reflex Testing, during the period from August __, 2021 through July __, 2022 (the Commitment Period). Customer will purchase from Quadrant during the Commitment Period, a minimum of _____ Clarifi COVID tests, in consideration of Quadrant's reserving testing capacity for Customer. In the event that Quadrant experiences a limitation on testing capacity due to shortage of materials or supplies, equipment failure, or any other cause beyond Quadrant's control, Quadrant's available testing capacity will be allocated pro rata among Quadrant's customers than have made a capacity and purchase commitment with Quadrant.

6. **CONFIDENTIALITY.** All data, documents and other information that one party furnishes or discloses to the other party prior to or after the effective date of this Agreement (whether verbally, in writing, or electronically) that is identified as confidential shall be deemed confidential and proprietary information of the disclosing party. Each party and their respective employees or representatives will not at any time or in any manner, either directly or indirectly, use for their personal benefit or disclose or communicate in any manner, any information that is confidential or proprietary to the other party without the other party's prior written consent. Each party and its employees and representatives will protect such information with a reasonable degree of care and treat it as strictly confidential. Notwithstanding the foregoing, confidential information shall not include information that: (i) was generally available to the public prior to disclosure; (ii) becomes generally available to the public after disclosure through no fault of the receiving party or its employees or representatives; (iii) was already known to the receiving party prior to disclosure by the other party, (iv) was acquired by the receiving party from a third party that is under no obligation to maintain its confidentiality.

7. **TERMINATION.**

- a. *Convenience of Customer or Quadrant.* The Agreement may be terminated without cause at any time upon receipt of ninety (90) days prior written notice given by the party that has determined to terminate the Agreement. In the event of termination without cause, the minimum purchase requirement will be reduced in proportion to the percentage of the Commitment Period that has elapsed as of the effective date of termination. If, on the effective date of termination, all prepaid testing has not been earned, the unearned price of testing will be reduced by: 1) the price of non-returnable saliva collection kits delivered to Customer, at the unit price of \$_____, and 2) any part of the pro-rated minimum purchase requirement that has not been satisfied. The net unearned price of testing will be refunded within ____ days after the effective date of termination.
- b. *Event of Default:* The Agreement may be terminated in the event of breach of any of its provisions by Quadrant, or if Quadrant's Services are deemed unsatisfactory in Customer's reasonable discretion, due to Quadrant's fault or negligence, or that of its officers, employees, subcontractors, agents, licensees, licensors, or affiliates. In such event, Customer will send a written cure notice in accordance with the Notice provisions of this Agreement, and Quadrant shall have thirty (30) days to correct the deficiencies noted. If the deficiencies are not corrected, Customer may terminate this Agreement immediately upon written notice.
- c. Customer may terminate the Agreement, upon written notice, in the event of any of the following: (1) Quadrant makes an assignment for the benefit of creditors; (ii) a petition in bankruptcy or any insolvency proceeding is filed by or against Quadrant and is not dismissed within thirty (30) days from the date of filing; or (iii) all or substantially all of Quadrant's property is levied upon or sold in any judicial proceeding.

8. **FORCE MAJEURE.** If performance of this Agreement or any obligation under this Agreement is prevented, restricted, or interfered with by causes beyond either party's reasonable control ("Force Majeure"), and if the party unable to carry out its obligations gives the other party prompt written notice of such event, then the obligations of the party invoking this provision shall be suspended to the extent necessary by such event, provided that the non-excused party may terminate this Agreement if such non-performance extends for thirty (30) days or more.

9. **INSURANCE.** Quadrant shall obtain and maintain insurance coverage as provided in this Section and shall deliver Certificates of Insurance for the stated coverage upon execution of this Agreement. The policies of insurance set forth below shall be written by companies authorized by the New York Department of Financial Services to issue insurance in the State of New York with an A.M. Best company rating of "A-" or better.

- a. General liability insurance with limits of liability in the minimum amounts of two million dollars (\$2,000,000.00) for each occurrence and four million dollars (\$4,000,000.00) in the aggregate.

b. Professional Liability (Errors and Omissions) policy in the amount of two million dollars (\$2,000,000.00) each claim and two million dollars (\$2,000,000.00) in the aggregate.

10. **DISPUTE RESOLUTION.** The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation within thirty (30) days, then either party may seek legal or equitable redress.

11. **ENTIRE AGREEMENT.** This Agreement, including its Exhibits, constitutes the entire agreement between the parties and supersedes all prior drafts, negotiations, or communications.

12. **SEVERABILITY.** If any provision of this Agreement will be held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Agreement is invalid or unenforceable, but that by limiting such provision it would become valid and enforceable, then such provision will be deemed to be written, construed, and enforced as so limited.

13. **AMENDMENTS.** All amendments to this Agreement must be in the form of a written document that is signed by the parties.

14. **GOVERNING LAW.** This Agreement shall be enforced and construed in accordance with the laws of The State of New York. Jurisdiction of any litigation with respect to this Agreement shall be in New York with venue in a court of competent jurisdiction located in Onondaga County or any other court having competent jurisdiction in The State of New York.

15. **NOTICES.** All notices, requests, demands, and other communications required or permitted hereunder shall be in writing and delivered in person or by courier, receipt acknowledged, or mailed by certified mail, return receipt requested, postage prepaid, to the addresses set forth below:

If to Customer: _____

If to Quadrant: Quadrant BioSciences
505 Irving Avenue Syracuse, Suite 3100 A/B
New York 13210

Notice shall be deemed complete on the date of delivery by mail or confirmed email transmission.

16. **ASSIGNMENT.** This Agreement or any of its provisions shall not be assigned, delegated, transferred, conveyed, sub-let, or otherwise disposed of without the prior written consents of Customer, which will not be unreasonably withheld. Quadrant can assign this Agreement in connection with a sale of its wastewater testing business, whether the sale is in the form of a merger, sale of substantially all business assets, or sale of the shares of the entity that conducts the wastewater testing operations.

17. **INDEPENDENT CONTRACTOR.** For purposes of this Agreement, the parties hereto shall be considered independent contractors and hereby covenant and agree to act in accordance with that status. Quadrant, and the employees and agents of Quadrant, shall neither hold themselves out as, nor claim to be, officers or employees of, shall make no claim for, nor shall be entitled to, workers' compensation coverage, medical and unemployment benefits, social security or retirement membership benefits from Customer.

18. COMPLIANCE.

- a. Notwithstanding any other provision in this Agreement, each party remains responsible for ensuring that any service provided pursuant to this Agreement complies with all pertinent provisions as may be from time to time amended, of federal, New York State and local statutes, rules and regulations.
- b. If either party determines that a term of this Agreement is required to be modified or terminated for purposes of compliance with federal or New York State laws or regulations, such party shall promptly notify the other party in writing of the determination, together with sufficient details supporting the determination. Within thirty (30) days of the foregoing notification, the parties shall renegotiate, in good faith, the term(s) required to be modified or terminated to ensure compliance with applicable laws, regulations and policies. If the parties are unable to make a good faith resolution within such thirty (30) day period, either party may terminate this Agreement upon ten (10) days prior written notice to the other party or such earlier date as may be required by law, regulation or policy.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the Effective Date.

Quadrant Biosciences, Inc.

By: _____

By: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Exhibit A Description of Services and Pricing

Quadrant Biosciences to provide:

COVID Testing and Supplies: Clarifi COVID-19 Test Kit collection devices for pooled saliva testing and reflex testing as needed. Supplies can be picked up from Quadrant Biosciences' location in Syracuse, NY, or shipped to the Customer upon request. The Customer will be responsible for shipping charges by providing a UPS account number. If the Customer cannot provide a UPS account, Quadrant Biosciences will use their UPS account number and bill the Customer for the shipping charges. The Customer will also be charged for pre-paid return shipping labels provided by Quadrant Biosciences, if required. Quadrant Biosciences cannot accept any returns of collection devices due to the chain of custody and storage requirements for FDA regulated medical products. Clarifi COVID Testing will be performed in accordance with the testing protocol and procedures that were authorized by FDA in the Emergency Use Authorization for the Clarifi COVID Test.

Price per test: \$20 per collection device paid via, _____ by _____. This includes all collection devices, biohazard bags for return, laboratory processing and access to results.

Results: Results will be uploaded to the Quadrant Biosciences web app www.Clarifi-Covid-19.com, and New York State Department of Health (ECLRS).

Access: School organization managers have access to student results via Quadrant's web app.

Reflex Testing (Billing Insurance): If there is a positive pool, each individual swab will be placed into reflex testing to determine who is positive. It is no longer considered screening for those

individuals in the positive pool, therefore an additional test needs to be processed (a second collection does not need to be performed). Insurance providers have been granted funding to waive the cost of diagnostic testing as it pertains to COVID-19 through the CARES Act (and/or additional federal/state funding). Reflex testing will be billed directly to the insurance provider by Quadrant Biosciences to cover the cost of the test. If for some reason, coverage is denied by the insurer, there will be no cost to the insured, county, or school for claims that are unpaid.

Registration application: A custom registration application is included in this service to allow individuals the ability to quickly register for testing, view results, provide important information that is needed by the state or local health departments and for insurance reimbursement purposes. The registration application can be accessed using a computer or mobile device.

Testing manual: On-site procedural manual for staff to reference which outlines "best-practices" for safe and efficient collection of saliva samples in a high-throughput testing environment.

Marketing materials: Materials as needed (e.g., emails or posters) to facilitate registration prior to and during the testing session.

Sample delivery: Delivery of specimens to the laboratory can be made via courier or common carrier such as UPS, FedEx, etc. The Customer is responsible for shipping charges. Shipping fees paid by Quadrant Biosciences will be billed back to the Customer.

Customer to provide:

Staff: On-site personnel to facilitate testing and PPE for those individuals

Space and Equipment: Space for testing and the equipment/materials specific to the venue to conduct testing (laptop/desktop, desks, chairs, etc)

WiFi Access: Public access to WiFi to facilitate the registration process.

**Exhibit B
Customer Affiliates**

Not Applicable

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: Health Services

DATE: August 23, 2021

- (a) Purpose of Grant: **NYSDOH Immunization Action Plan Covid Vaccine Response Grant (C36966GG) to promote covid and other vaccine uptake, including funding to target high risk groups.**
- (b) Name of Grantor: **NYSDOH**
- (c) Address of Contractor: **NYSDOH Bureau of Immunization; Corning Tower, Room 64, Empire State Plaza, Albany, NY 12237**
- (d) Grantor's Contact Person and Telephone Number: **Robin Suitor
immadmin@health.ny.gov; 518-473-4437**
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach?
- (f) Effective Date of Grant: **1/1/2021**
- (g) Termination Date of Grant: **6/30/2024 unless extended.**
- (h) Total Dollar Amount Involved (not to exceed): **\$70,842.33**
- (i) Deadline to Submit Grant Application and/or Grant Agreement: **10/1/2021**
- (j) Is a Budget amendment required? **yes** 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: **Revenue: A.4018.0036.4411 Public Health Covid Vaccine REspnse Grant Revenue/ Expense: A4018.0036 Public Health Covid Response Grant- Miscellaneous Expenses.**

Sample: A.1010 470 Legislative Board – Contract Sxx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations Sxx.xx

*as listed in budget and LOGOS

Jones, Ginelle

From: doh.sm.ImmAdmin <ImmAdmin@health.ny.gov>
Sent: Monday, August 9, 2021 10:46 AM
To: Jones, Ginelle; Frasier, Nedra; Driscoll, Tawn
Cc: Ruppenthal, Shelby (HEALTH)
Subject: Warren NEW LHD contract for COVID19 Vaccine Response - CVDVAX
Attachments: 2021-2024 Warren County CVDVAX Award Letter.pdf; COVID19 Vaccine Response Budget and Justification Template.xlsx; COVID19 Vaccine Response Work Plan.xlsx

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or on clicking links from unknown senders.

Dear County Health Official:

The New York State Department of Health is awarding your county a Local Health Department (LHD) COVID19 Vaccine Response contract to promote and increase COVID-19 vaccine and other vaccine uptake. The contract term is January 1, 2021 to June 30, 2024.

Please review the attached award letter for your LHD's contract funding amount and other instructions. Email a completed budget on the attached template to ImmAdmin@health.ny.gov and your regional representative by Friday, October 1, 2021.

If you have questions about this funding or the budget template, please contact the Bureau of Immunization's Administration Unit at 518-473-4437 or ImmAdmin@health.ny.gov.

Attachments: Award Letter
COVID Vaccine Response Work Plan
COVID Vaccine Response Budget and Justification Template

Administrative Unit
New York State Department of Health
Bureau of Immunization
Corning Tower, Rm 649
Empire State Plaza
Albany, NY 12237
518-473-4437 (P)
518-474-1495 (F)



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

August 9, 2021

Ginelle Jones, BSN, MSN, FNP
Director of Public Health
Warren County
1340 State Route 9
Lake George, New York 12845

RE: COVID Vaccine Response Contract # C36966GG Contract Term: 1/1/21 – 6/30/24
Total budget amount: \$ 70,842.33
20% of budget (for special populations, see below): \$ 14,168.46

Dear Director Jones :

The New York State Department of Health (NYSDOH) is awarding your county a Local Health Department (LHD) COVID19 Vaccine Response contract to promote and increase COVID-19 vaccine and other vaccine uptake. Your contract funding amount is listed above and the work plan is attached. This funding may be used for COVID-19 vaccine implementation expenses retroactive to January 1, 2021 and is available through June 30, 2024.

Please review the budget and justification instructions and complete a budget on the attached template. Examples of allowable expenses are listed on the template. Note: You must use at least 20% of this contract funding to conduct activities to promote and increase COVID-19 and other vaccine uptake in racial and ethnic minority groups and to increase accessibility for people with disabilities.

Please email a completed budget template to ImmAdmin@health.ny.gov and your regional representative by **Friday, October 1, 2021**. Please send questions to ImmAdmin@health.ny.gov.

Sincerely,

Robin Suitor
Director, Bureau of Immunization

Attachments: COVID Vaccine Response Work plan
COVID Vaccine Response Budget and Justification Template

CC: Tawn Driscoll
Nedra Frasiern
Shelby Ruppenthal

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services- Homecare Payroll Dept. No: 36.0
Title of Position: Public Health Nurse #8 Base Salary of Position: \$53,675 Grade: 21
Filling at Step # (If Known):
Budget code and title: A.4010.110 Health Services Full Time Salaries Union [x] Non-Union []
This position is vacated due to: [] Retirement [x] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: #13177/ McAvey Date of Vacancy: 8/24/2021 8/18/21
Is this position mandated? [] Yes [x] No Is the position reimbursable? [x] Yes [] No
Source of reimbursement: [] Federal [] State [x] Other Insurance % Variable based on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 8/18/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[x] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 8/18/21

BUDGET OFFICER COMPLETES THIS SECTION

[x] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature [Signature] Date 8/19/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature _____ Date _____

PUBLIC HEALTH NURSE

DISTINGUISHING FEATURES OF THE CLASS: This position involves the performance of public health nursing activities including assessment of health needs and developing a plan of care for individuals and families. The incumbent is also responsible for the initial implementation of nursing care plans and providing skilled nursing care as well as the periodic re-evaluation of individual and family nursing needs. The work is performed under the general direction of a Supervising Public Health Nurse or other higher level nursing or administrative personnel, with wide leeway allowed for the exercise of independent judgment in planning and carrying out assignments. Supervision may be exercised over Medical Assistants, Registered Professional Nurses and Home Health Aides assigned to assist in patient care. Does related work as required.

TYPICAL WORK ACTIVITIES:

Makes initial assessment, develops and/or amends the care plan for individuals and families in a variety of settings;
Provides skilled nursing care and prescribes treatments to patients and demonstrates nursing care to patients and families;
Counsels and guides individuals and families toward self-help in recognition and solution of physical, emotional and environmental health problems;
Coordinates plans for service with nutritionists, social workers, physical therapists, physicians and other professional and paraprofessional workers concerned with individual and family health care;
Provides for the continuity of patient care by promoting referral of patients to appropriate community agencies;
May supervise Registered Professional Nurses, Licensed Practical Nurses, Medical Assistants, Home Health Aides and other auxiliary nursing staff;
Teaches classes, addresses groups and participates in community planning related to nursing and public health;
Performs diagnostic and developmental tests;
Obtains specimens for various tests;
Maintains agency and nursing care records and reports;
Compiles and uses records, reports and statistical information for evaluation and planning of the assigned programs;
Attends staff meetings and in service training programs;
Administers immunizations, skin tests, medications, etc.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of current public health nursing practices;
Working knowledge of the administrative organizational structure of community agencies;
Skill in the application of current nursing procedures and techniques of patient care;

Ability to assess, plan and coordinate nursing care for individuals, families and groups and to supervise nursing personnel assigned to assist with this care;
Ability to communicate effectively both verbally and in writing; Ability to manage large volume case-loads;
Ability to establish and maintain cooperative working relationships; Ability to perform duties in accordance with the American Nurses Association Code for Professional Nurses;
Ability to perform close, detail work involving considerable visual effort and strain;
Good judgment;
Empathy;
Physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS*:

- A) Graduation from a regionally accredited or New York State registered college or university with a Bachelor's Degree in nursing; and
- B) Licensure and current registration to practice as a Registered Professional Nurse in New York State.

*Per Section 11.41 of the New York State Department of Health Codes, Rules and Regulations (NYCRR).

SPECIAL REQUIREMENT AT THE TIME OF ASSIGNMENT: Possession of the appropriate level Motor Vehicle Operator's License.

R154

06/28/00

Reviewed 6/08

COMPETITIVE

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services- Homecare Payroll Dept. No: 36.0
Title of Position: Public Health Nurse #35 Base Salary of Position: \$53,675 Grade: 21
Budget code and title: A.4010.110 Health Services Full Time Salaries Union [checked] Non-Union []
This position is vacated due to: [] Retirement [checked] Resignation [] Termination [] Promotion [] Other
Employee No./Last Name: #13472/ Swan Date of Vacancy: 8/24/2021
Is this position mandated? [] Yes [checked] No Is the position reimbursable? [checked] Yes [] No
Source of reimbursement: [] Federal [] State [checked] Other Insurance % Variable based on caseload

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

[] Competitive-active eligible list [checked] Competitive-no list (hiring would be provisional) [] Non-Competitive [] Other
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring.
Human Resources Director has approved this form when initialed. 8/18/21

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

[checked] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.
Administrator Signature [Signature] Date 8/18/21

BUDGET OFFICER COMPLETES THIS SECTION

[checked] The Budget Officer has no objection to the filling of the vacancy.
[] The Budget Officer objects to the filling of the vacancy.
Budget Officer Signature Frank E. Thomas Date 8/19/21

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee
[] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.
[] In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
[] In the case of an emergency, Committee Chair objects to the filling of the vacancy.
Ranking Committee Member Signature Date

PUBLIC HEALTH NURSE

DISTINGUISHING FEATURES OF THE CLASS: This position involves the performance of public health nursing activities including assessment of health needs and developing a plan of care for individuals and families. The incumbent is also responsible for the initial implementation of nursing care plans and providing skilled nursing care as well as the periodic re-evaluation of individual and family nursing needs. The work is performed under the general direction of a Supervising Public Health Nurse or other higher level nursing or administrative personnel, with wide leeway allowed for the exercise of independent judgment in planning and carrying out assignments. Supervision may be exercised over Medical Assistants, Registered Professional Nurses and Home Health Aides assigned to assist in patient care. Does related work as required.

TYPICAL WORK ACTIVITIES:

Makes initial assessment, develops and/or amends the care plan for individuals and families in a variety of settings;
Provides skilled nursing care and prescribes treatments to patients and demonstrates nursing care to patients and families;
Counsels and guides individuals and families toward self-help in recognition and solution of physical, emotional and environmental health problems;
Coordinates plans for service with nutritionists, social workers, physical therapists, physicians and other professional and paraprofessional workers concerned with individual and family health care;
Provides for the continuity of patient care by promoting referral of patients to appropriate community agencies;
May supervise Registered Professional Nurses, Licensed Practical Nurses, Medical Assistants, Home Health Aides and other auxiliary nursing staff;
Teaches classes, addresses groups and participates in community planning related to nursing and public health;
Performs diagnostic and developmental tests;
Obtains specimens for various tests;
Maintains agency and nursing care records and reports;
Compiles and uses records, reports and statistical information for evaluation and planning of the assigned programs;
Attends staff meetings and in service training programs;
Administers immunizations, skin tests, medications, etc.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of current public health nursing practices;
Working knowledge of the administrative organizational structure of community agencies;
Skill in the application of current nursing procedures and techniques of patient care;

Ability to assess, plan and coordinate nursing care for individuals, families and groups and to supervise nursing personnel assigned to assist with this care;
Ability to communicate effectively both verbally and in writing; Ability to manage large volume case-loads;
Ability to establish and maintain cooperative working relationships; Ability to perform duties in accordance with the American Nurses Association Code for Professional Nurses;
Ability to perform close, detail work involving considerable visual effort and strain;
Good judgment;
Empathy;
Physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS*:

- A) Graduation from a regionally accredited or New York State registered college or university with a Bachelor's Degree in nursing; and
- B) Licensure and current registration to practice as a Registered Professional Nurse in New York State.

*Per Section 11.41 of the New York State Department of Health Codes, Rules and Regulations (NYCRR).

SPECIAL REQUIREMENT AT THE TIME OF ASSIGNMENT: Possession of the appropriate level Motor Vehicle Operator's License.

R154

06/28/00

Reviewed 6/08

COMPETITIVE

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: Health Services

DATE: August 23, 2021

- (a) Purpose of Request: **\$125**
To authorize Health Services to accept **\$125** donation.
- (b) Details: **\$125**
A donation of **\$125** was received by the agency in memory of a patient.
- (c) Previous Resolution Number:
N/A
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
Revenue: A.4010.2705 Health Services Revenue Gifts and Donations
Expenses: A.4010.439 Health Services Miscellaneous Expense

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

* as listed in budget and LOGOS

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: Warren County Health Services
DATE: August 23, 2021

- (a) **Purpose of Amendment:** To amend the 2021 budget to reflect both the Revenue and Expenses related to Department code (A.4018.0036) for Public Health -COVID-Vaccine Response Contract from the Immunization Action Plan Grant to support the current expenses related to promote and increase COVID 19 Vaccine and other vaccine uptake for \$70,842.33.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
- | | |
|--|--------------|
| A.4018.0036.110 Public Health-COVID-Vaccine Response Grant-Full time Salaries | \$ 20,000.00 |
| A.4018.0036.130 Public Health-COVID-Vaccine Response Grant-Part time Salaries | \$ 25,000.00 |
| A.4018.0036.830 Public Health-COVID-Vaccine Response Grant-Social Security Exp | \$ 2,790.00 |
| A.4018.0036.830 Public Health-COVID-Vaccine Response Grant-Medicare Expense | \$ 652.50 |
| A.4018.0036.260 Public Health-COVID-Vaccine Response Grant-Other Equipment | \$ 2,000.00 |
| A.4018.0036.410 Public Health-COVID Vaccine Response Grant-Supplies Expense | \$ 4,899.83 |
| A.4018.0036.424 Public Health-COVID Vaccine Response Grant Postage Expense | \$ 1,000.00 |
| A.4018.0036.435 Public Health-COVID Vaccine Response Grant-Medical Supplies | \$ 4,000.00 |
| A.4018.0036.436 Public Health-COVID Vaccine Response Grant Advertising Exp | \$ 9,000.00 |
| A.4018.0036.444 Public Health-COVID Vaccine Response Grant-Travel Expense | \$ 1,500.00 |

Revenue Code (with title), and Amount:

A.4018.0036.4411 Public Health-COVID Vaccine Response Grant- Revenue \$70,842.33.

*Note: Warren County Health Services was notified by DOH on 8/9/21 that additional funding from (1/1/21-06/30/24) has been awarded for a total not to exceed \$70,842.33 for the COVID Vaccine Response Contract. Listed above are estimated expenses for 1/1/21-12/31/21. To also note, 20% of this grant is to be used towards activities targeting High risk and underserved populations, including racial and ethnic minority populations and rural communities, and for increasing access to individuals with disabilities. These reflect Salaries and Fringe benefits related to those working with this IAP Grant to promote and increase COVID 19 vaccinations and other vaccine uptake. Also other expenses such as Travel, postage, supplies and Marketing/advertising. To note, while this is a three and half year grant period, we are able to utilize the total \$70,842.33 as needed. However, if funds are not all utilized this year, we will be carrying over funds into future years.

ATTACHMENT #7

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: Warren County Health Services
DATE: August 23, 2021

- (a) Purpose of Amendment: To amend the 2021 budget to reflect both the Revenue and Expenses related to Department code (A.4194) for HRI-ELC Schools Grant. It is Health Services and reflects the funds given from Health Research Inc. to support the current expenses related to working with public and private Schools in Warren County of \$491,929.
- (b) Appropriation Code (with title), Object Code (with title) and Amount:
- | | |
|---|---------------|
| A.4194.220 Public Health-ELC Schools Grant-Office Equipment | \$ 12,000.00 |
| A.4194.260 Public Health-ELC Schools Grant-Other Equipment | \$ 195,000.00 |
| A.4194.410 Public Health-ELC Schools Grant-Supplies | \$ 150,000.00 |
| A.4194.424 Public Health -ELC Schools Grant-Postage Expense | \$ 200.00 |
| A.4194.428 Public Health-ELC School Grant-Data Processing | \$ 3,080.00 |
| A.4194.435 Public Health -ELC School Grant-Medical Supplies | \$ 100,000.00 |
| A.4194.439 Public Health-ELC Schools Grant-Miscellaneous Fees | \$ 149.00 |
| A.4194.444 Public Health-ELC Schools Grant-Travel/Education Exp | \$ 1,500.00 |
| A.4194.470 Public Health-ELC Schools Grant-Contract Expense | \$ 30,000.00 |

Revenue Code (with title), and Amount:

A.4194.4410 Public Health-ELC Schools Grant- Revenue \$491,929.00

*Note: Warren County Health Services was notified by HRI on 8/4/2021 that a new funding for (7/1/21-7/31/22) has been awarded for a total not to exceed \$1,730,012 for COVID expenses related to Schools for testing purposes. Listed above are estimated expenses for 7/1/21-12/31/21. This amount reflects current requests with the State with restricted amounts for \$1,238,083. These reflect expenses to purchase testing machines for each Warren County School district. Also the purchase of laptops for each school for Data recording, supplies needed for testing and other, postage for mailings to schools, MIFI devices for those in rural areas to get connections, Zoom membership to regularly meet with schools and Travel related to these services. We are also anticipating on working with a contractor to work with the schools.

ATTACHMENT #8

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: Warren County Health Services-Health Education
DATE: August 23, 2021

- (a) **Purpose of Amendment:** To amend the 2021 budget to adjust the Health Services Program to reflect the increase in funds given as a donation to the Homecare Division for \$25.00.
- (b) **Appropriation Code (with title), Object Code (with title) and Amount:**
A.4010.439 Health Services-Miscellaneous Expense

Revenue Code (with title), and Amount: \$125
A.4010.2705 Health Services –Revenue Gifts & Donations

ATTACHMENT #9

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds FOR 2021

TO: Amanda Allen, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: _____

TRANSFERS FOR 2021 BUDGET

DATE: August 23, 2021

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4018.0020.130	Family Health-Part Time Salaries	A.4018.0030.130	Disease Program -Part Time Salaries	\$15,000.0
	A.4018.0020.810	Family Health-Retirement Expense	A.4018.0030.810	Disease Program-Retirement Expense	\$1,500.0
	A.4018.0020.830	Family Health-Social Security Expense	A.4018.0030.830	Disease Program-Social Security Expense	\$930.0
	A.4018.0020.831	Family Health-Medicare Expense	A.4018.0030.831	Disease Program-Medicare Expense	\$218.0
2	A.4010.110	Health Services-Full Time Salaries	A.4010.470	Health Services-Contract Expense	\$30,000.0
3	A.4018.0020.865	Family Health-Dental Insurance	A.4018.0030.865	Disease Program-Dental Insurance	\$288.0
Total Transfers					\$47,936.01

1. To reclass PHN-Per Diem nursing position salary from Family Health To Disease program. Nurse is being utilized by Disease Program for Covid Activities not Family Health at this time.
2. To reclass Full time salaries to Contract to cover McBee services for coding. Due to lack of nursing coding, we have set up for this Vendor to do coding for us. Therefore move funds.
3. To Reclass Dental Insurance from Family Health to Disease to correlate with FT Nurse that is being utilized in Disease Program for COVID/Disease purposes not Family Health at this time.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990.469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2021 AS OF 8/10/2021 10:12:00 AM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 4010, 4013, 4054, 4190, 4018, 4189, 4191, 4192, 4193

EXPENSES	2021 BUDGETED	2021 YTD ACTUAL	2020 Prior Year Totals
Salaries - Regular	\$2,635,620.00	\$1,322,355.86	\$2,282,599.40
Salaries - Overtime	\$194,447.00	\$103,318.53	\$155,260.24
Salaries - Part Time	\$575,331.00	\$316,313.81	\$376,208.79
100's PERSONAL SERVICES	\$3,405,398.00	\$1,741,988.20	\$2,814,068.43
200's EQUIPMENT	\$63,133.52	\$55,911.32	\$61,278.50
400's CONTRACTUAL	\$6,217,361.10	\$2,314,892.48	\$5,358,402.78
800's EMPLOYEE BENEFITS	\$1,486,262.00	\$730,133.37	\$1,339,421.44
TOTALS	\$11,172,154.62	\$4,842,925.37	\$9,573,171.15

REVENUES	2021 BUDGETED	2021 YTD ACTUAL	2020 Prior Year Totals
	\$8,786,550.00	\$2,219,846.62	\$7,383,780.29

Note: Above please find the financials YTD as of 8/10/2021. We have accrued July's billings of \$112,046.33. Totals above also include expenses related to COVID 19 Activities. Salaries for Overtime and Part Time reflect those hours for staffing the current COVID Immunization clinics along with expenses related to Contact Tracers.

Warren County Health Services
Salaries Comparison
 2021 v 2020

	YTD 2021	YTD 2020	YTD 21v20	% Change	Total Budget 2021	to 12/31/20 Total Actual 2020
Total of All Depts						
Regular Salaries	\$1,322,355.86	\$1,350,119.92	(\$27,764.06)	-2.06%	\$2,635,620.00	\$2,282,599.40
Overtime Salaries	\$103,318.53	\$69,015.08	\$34,303.45	49.70%	\$194,447.00	\$155,260.24
Part Time Salaries	\$316,313.81	\$178,996.30	\$137,317.51	76.72%	\$575,331.00	\$376,208.79
TOTALS	\$1,741,988.20	\$1,598,131.30	\$143,856.90	9.00%	\$3,405,398.00	\$2,814,068.43
% current YTD Salary to Total Budget	51.15%	56.79%				

*Source: Detail G/L report for all Salary Category from 1/1/21-8/1/21. COVID Clinics began 1/2/2021.
 Overall, total salaries are \$143,856.90 or 9.00% over 2020 Salaries. Regular salaries are under 2020 due primarily to positions that remain open in both the CHHA and WIC programs. Part time and Overtime salaries are over last year primarily due to the Public Health Assistants that were hired to assist in COVID tracking and for related time spent in COVID-19 duties such as COVID Immunization Clinics. Salaries related to COVID activities are Part time salaries of \$173,986.577 or 41.46% of the total Part time salary expense while Overtime is \$52,659.09 or 12.55% of the total YTD. For COVID CLINICS ONLY, Overtime is \$24,909.23 and Part time is \$89,648.90. Salaries are currently 51.15% of the budget while last year was 56.79% of budget. Part time Salaries reflect both the additional nursing staff hired to assist during COVID Immunization clinics and the Contact Tracers.

ATTACHMENT #11

Warren County Health Services
 Revenue and Expense Comparison 2021 vs 2020
 as of 8/10/21

EXPENSES	2021 YTD Actual as of 8/10/21 G/L	2020 YTD as of 8/14/20 G/L	Variance
Salaries - Regular	\$1,322,355.86	\$1,350,119.92	(\$27,764.06)
Salaries - Overtime	\$103,318.53	\$69,015.08	\$34,303.45
Salaries - Part Time	\$316,313.81	\$178,996.30	\$137,317.51
100's PERSONAL SERVICES	\$1,741,988.20	\$1,598,131.30	\$143,856.90
200's EQUIPMENT	\$55,911.32	\$32,746.55	\$23,164.77
400's CONTRACTUAL	\$2,314,892.48	\$2,323,190.31	(\$8,297.83)
800's EMPLOYEE BENEFITS	\$730,133.37	\$815,765.02	(\$85,631.65)
TOTALS	\$4,842,925.37	\$4,769,833.18	\$73,092.19

REVENUES	2021 YTD ACTUAL	2020	Variance
	\$2,380,721.72	\$2,380,447.94	\$273.78

Comments:

Salaries: (please see previous page) overall are \$143,856.90 or 9.00% above 2020 as of 8/1/21 payroll. Salaries for 2021 are 51.15% of the budget YTD. As stated, due to COVID activities, Per Diem and Part Time staff are now being utilized in the Public Health Department to continue to staff COVID clinics. To also note, both the Overtime and Part time categories reflect the Public Health hours paid for COVID related activities which total \$226,645.66 year to date or 54.01% of the total Overtime and Part time salaries. This includes all Contact Tracers, Staff for COVID clinics, and additional staff hours needed to cover daily COVID related activities.

Equipment: Expenses in 2021 include 3 new vehicles and updated computers needed for the Preventive, Disease, Early Intervention and Preschool Programs.

Contractual Expenses: These are slightly under 2020 primarily due to Preschool Program Expenses. Most of the invoices have been input year to date and to note the transportation costs have increased dramatically from the year before due to children being transported to schools in 2021 then from 2020 during COVID. In 2020, transportation was down as many students were not being transported and their services were being offered virtually.

Employee Benefits: Employee benefits remain under 2020 due to savings in salaries within programs.

Revenues: Revenues reflect the YTD billings to July for CHHA for both years. As we have been stating, COVID was just hitting the communities hard about this time last year, therefore less referrals and due to COVID there are no clinics being held for Rabies and other Immunizations or Travel clinics, therefore , no revenues at this time. There are also no revenues for 2021 related to our Family Health Program (Maternal Child Health program) due to COVID and we are not making any home visits at this time.

Warren County Health Services
Patient Referrals (May or May not have become Patients)
CHHA Division

CATEGORY	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020	
SN Referral	97	88	97	58	70	80	75	85	81	94	76	74	
PRI	0	3	0	1	0	1	1	0	0	4	0	0	
SN Referrals per month	97	91	97	59	70	81	76	85	81	98	76	74	
PT Referral	49	45	42	31	30	60	51	56	68	60	53	50	
PT only	12	6	7	3	4	9	12	12	10	11	12	6	
Total Referrals per month	109	97	104	62	74	90	88	97	91	109	88	80	1089
19 vs 20 (%)	-4	-13	-21	-19	-21	-55	-10	-50	-29	-46	-12	-6%	

CATEGORY	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021	
SN Referral	55	54	73	57	55	59	49						
PRI	1	0	0	1	0	2	3						
SN Referrals per month	56	54	73	58	55	61	52	0	0	0	0	0	
PT Referral	40	39	50	47	41	54	32						
PT only	9	11	12	9	8	11	8						
Total Referrals per month	65	65	85	67	63	72	60	0	0	0	0	0	477
20 vs 21 (%)	-40	-33	-18	8	-15	-20	-32						

VISITS	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020	
SN visits	630	548	746	643	678	772	792	730	690	870	813	706	
LPN visits	72	62	59	70	52	69	89	97	67	63	87	55	
PT visits	326	289	254	190	205	347	364	290	363	351	332	339	
OT visits	50	42	61	58	61	44	61	65	61	66	45	46	
Speech visits	0	1	4	1	4	9	15	9	8	15	43	37	
Total visits per month	1078	942	1124	962	1000	1241	1321	1191	1189	1365	1320	1183	

VISITS	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021	
SN visits	573	561	686	668	550	624	577						
LPN visits	57	68	76	76	61	67	49						
PT visits	270	309	358	310	282	373	317						
OT visits	54	61	56	29	28	42	42						
Speech visits	32	44	37	26	28	17	24						
Total visits per month	986	1043	1213	1109	949	1123	1009	0	0	0	0	0	

Numbers current as of 08/12/2021

Warren County Health Services
Patient Served by Town
CHHA Division

Town	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020	10/2020	11/2020	12/2020
Adirondack	0	0	0	0	0	2	3	3	1	4	4	4
Athol	2	3	2	2	4	2	1	1	0	1	2	1
Bakers Mills	1	1	1	0	1	1	2	2	2	2	1	1
Bolton Landing	6	6	6	6	5	4	5	5	7	5	6	3
Brant Lake	6	3	4	1	4	3	7	5	4	6	5	7
Chestertown	8	7	8	10	10	10	11	8	9	9	6	7
Cleverdale	1	0	0	0	0	0	0	2	3	10	0	0
Diamond Point	2	6	7	3	1	0	2	0	4	5	5	3
Glens Falls	57	48	49	34	37	36	44	46	51	48	41	34
Hague	0	1	0	1	2	2	1	9	4	6	7	6
Johnsburg	3	3	2	2	2	3	3	5	5	4	4	4
Kattskill Bay	1	1	1	1	1	1	1	1	1	1	1	1
Lake George	13	13	11	11	13	12	18	17	16	25	27	22
Lake Luzerne	13	11	10	10	9	9	11	12	11	9	7	9
North Creek	3	3	3	4	1	2	2	1	0	0	0	0
North River	1	2	2	1	1	1	1	1	0	0	0	1
Olmstedville	0	0	0	1	1	1	1	1	2	2	2	2
Pottersville	11	8	5	4	3	4	5	7	4	5	3	4
Queensbury	90	84	92	63	61	66	66	67	66	79	82	72
Riparius	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	0	0	0	0	1	2	2	1	0	0	1	2
Stony Creek	0	0	1	1	2	1	1	2	2	0	1	1
Warrensburg	15	17	17	15	16	25	22	20	24	26	18	22
Wevertown	1	1	0	0	0	1	0	0	0	0	1	2
Total	234	218	221	170	175	188	209	216	216	247	224	208

Town	01/2021	02/2021	03/2021	04/2021	05/2021	06/2021	07/2021	08/2021	09/2021	10/2021	11/2021	12/2021
Adirondack	3	4	3	3	2	0	3					
Athol	0	0	4	4	1	0	0					
Bakers Mills	1	1	1	1	1	1	1					
Bolton Landing	3	5	2	2	4	9	12					
Brant Lake	3	1	2	3	1	3	4					
Chestertown	6	6	9	8	5	5	8					
Cleverdale	0	1	2	0	0	0	0					
Diamond Point	5	2	3	2	0	2	3					
Glens Falls	42	46	47	51	52	46	38					
Hague	6	3	2	3	2	3	3					
Johnsburg	4	4	2	5	5	3	2					
Kattskill Bay	0	0	0	0	1	2	0					
Lake George	15	14	15	14	11	18	18					
Lake Luzerne	8	7	7	7	5	6	10					
North Creek	2	3	2	2	3	4	5					
North River	0	0	0	0	0	0	0					
Olmstedville	1	2	2	4	3	2	1					
Pottersville	2	1	2	4	7	6	3					
Queensbury	59	60	76	67	57	66	59					
Riparius	0	0	0	0	0	0	0					
Silver Bay	1	1	1	0	1	2	2					
Stony Creek	1	1	1	0	0	0	1					
Warrensburg	16	20	20	16	13	13	14					
Wevertown	2	1	2	2	2	2	1					
Total	180	183	205	198	176	193	188	0	0	0	0	0

BT ACTIVITY SHEET
BP3 (new) - 7/1/21 - 6/30/22

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;
 Purple/Special Needs; Orange/Drill; Black/Pan Flu

Ongoing	Office	COVID-19 Response	Most Office staff	Response
7/1/2021		EPR Grant BP3 Begins		
7/1/2021		Submission of End of Grant Year plan updates and required documentation	Dan Durkee	
7/13	Webex Meeting	Monthly Regional Public Health BT Coordinators Meeting	Don Stack	Planning/Networking
7/28	Webex	Warren County EPR/LEPC Meeting	Dan Durkee	Planning Networking
July	In Person	COVID-19 second dose vaccination clinics	Nancy Parsons & Clinic Staff	Response
August every Monday	In Person	COVID-19 Vaccination clinics @ HSB	Nancy Parsons & Clinic Staff	Response
August Every Wednesday	In Person	COVID-19 Vaccination Clinics @ GF Take a Bite	Nancy Parsons & Clinic Staff	Response
8/18	Webex	Clin-Ops CDMS/NYSIIS Training	Dan Durkee	Planning/Response
8/19	Webex	OHEP-BP3-BPR-3-AFN BPR-3 Access and Functional Needs (AFN) Considerations in Mass Care Settings	Dan Durkee Don Stack	

BT ACTIVITY SHEET
BP3 (new) - 7/1/21 - 6/30/22

Page 2

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training;
Purple/Special Needs; Orange/Drill; Black/Pan Flu

8/19	Conference Call	Special Olympics COVID-19 planning meeting	Ginelle jones, Pat Belden, Dan Durkee	Planning/Response
8/31	Zoom Meeting	School Nurses – back to school COVID-19 update	Ginelle Jones Pat Belden Dan Durkee	Planning

**Warren County Public Health
Rabies Program
July 2021**

Town	Different Address Owner/Victim *Follow up by Town ACO				Same Address Owner/Victim * Follow up by Public Health				Out of Town Owner *Follow Up by Public Health				Strays Follow Up by Public Health • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement					
	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD						
Bolton							1											
Chester																		
Glens Falls						1		1										
Hague			1															
Horicon																		
Johnsburg												1						
Lake George					1		1				1				1			
Lake Luzerne				1								1						
Queensbury			3			3	1				1							
Stony Creek																		
Thurman						1												
Warrensburg			1															
Totals			5	1	1	5	3	2			2	1			1			

*UTD- Up to date

*PEP- Post exposure prophylaxis

Total Bites for May – 21

Specimens tested for rabies this month- 1

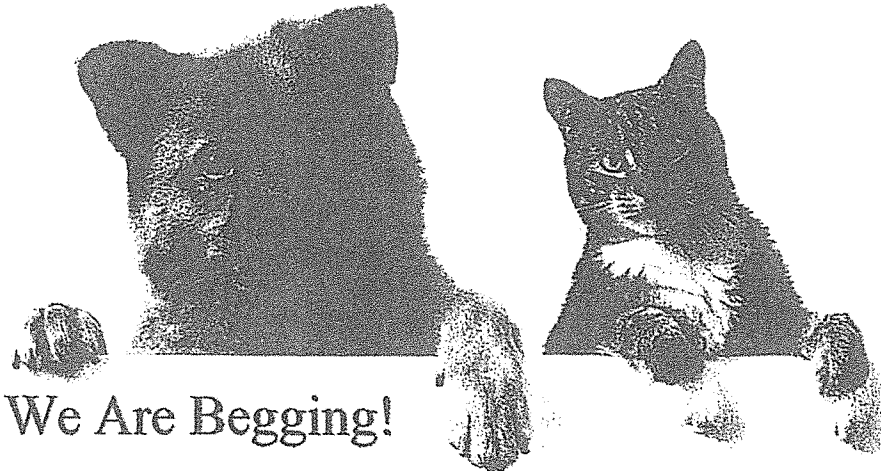
Positive specimens for rabies- 0

People pre-approved for rabies post exposure treatment- 2

Rabies Clinics this month- 1

Next Rabies Clinic- September 18th at the Queensbury Community Center from 10 AM-12 PM

WARREN COUNTY PUBLIC HEALTH RABIES CLINICS 2021



Please vaccinate us at one of the following clinics:

Saturday	September 18 th	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	October 9 th	North Creek/Johnsburg Dog Park Ski Bowl Road to the Beach	10:00-Noon
Saturday	November 6 th	Queensbury Community Center 742 Bay Road	10:00-Noon

Pets must be 3 months of age to receive their first immunization, which will afford them protection for one year. The next shot (booster) will afford protection for 3 years and is required one year after the first shot was given. From then on, every three years a booster should be given to protect your pet. Both initial and booster shots will be given at all clinics scheduled by Warren County Public Health.

A \$10.00 donation is requested for each pet.
No one is turned away due to financial hardship.
Please bring dogs on leashes and cats in carriers.

Call Warren County Public Health at 518-761-6580 with questions.



PROTECT YOURSELF AND YOUR FAMILY FROM RABIES EXPOSURE



What is rabies?

Rabies is a virus that affects the brain and nerves in mammals.

How is rabies spread?

The rabies virus is spread through the saliva of a rabid animal usually because a rabid animal bites another person or animal. The virus may also get into the body through open cuts or wounds, or through eyes, nose, or mouth.

What animals can spread rabies?

Rabies is spread mostly by wild animals. In the United States rabies is usually found in raccoons, skunks, foxes, coyotes, and bats. Domestic animals and farm animals can get rabies from wild animals. This is why it's so important to vaccinate pets and livestock. These are the animals that people are around the most. Pets and stray animals can be the link between wild animals and people. Any mammal can get rabies. Although it is possible for rodents to get the disease, animals like mice, rats, and squirrels almost never carry rabies.

How can I tell if an animal has rabies?

You can't tell if an animal has rabies. When an animal is sick with rabies, it may behave strangely, but a rabid animal may also appear healthy or even tame. The only way to tell if an animal has rabies is by testing it in a laboratory, or for some pets and livestock, by a quarantine to see if rabies develops.

What can I do to prevent rabies?

- Vaccinate your pets!
- Do not attempt to stop fights between your pet and a wild animal.
- Do not feed or handle wild animals. Teach children that although a baby skunk or raccoon may look cute and friendly, it can be very dangerous.
- Do not feed or touch stray animals and avoid all sick, strange-acting, even friendly animals.
- Cover your garbage cans and don't leave pets' food outside where it can attract wild animals.
- Do not keep wild animals as pets. Not only is this dangerous for you and the animal, it's against the law.
- Do not touch or pick up dead animals.
- Leave bats alone.
- Never handle a bat, especially with bare hands. Use thick gloves, tongs, or a shovel to remove a dead bat, or call in bat removal experts. Don't crush the bat with a tennis racquet or other object.
- Do not let your pet play with bats.
- Report dead bats to Warren County Public Health office.
- Keep bats out of the house or other buildings by closing or covering the attic or other dark sheltered areas. Put screens on windows.

What should I do if my pet or I am exposed to an animal that might have rabies?

If you have been bitten, or exposed to an animal's saliva:

- Wash the wound right away with soap and water for ten minutes.
- Call Warren County Public Health office.
- Get a description of the animal that bit you.

If your pet has been bitten, or exposed to an animal's saliva:

- Try to find out what type of animal bit your pet. **Do not touch the attacking animal.**
- Use gloves or a hose to wash your pet's wound. **Do not touch your pet with your bare hands.** There may be saliva from the rabid animal still on your pet even if you don't see a bite or wound.
- Call your veterinarian.
- Call Warren County Public Health office. He or she will know the right steps to protect you and your pet.

What about bats and rabies?

Bats are carriers of rabies and their bite may be too small to notice. In fact, people sleeping in the same room where a bat is found, or children who have been alone in a room with a bat, should contact Warren County Public Health office.

What do I do if I find a bat in my house?

- Close the windows, closet doors, and the door to the room.
- Turn on the lights if the room is dark and wait for the bat to land.
- Wear thick gloves and cover the bat with a coffee can or other hard container. It may be necessary to use a fly swatter or tennis racquet to stop the bat and knock it to the floor.
- Slide a piece of cardboard under the can trapping the bat.
- Tape the cardboard tightly to can.
- Contact your County Public Health office to determine if the bat needs to be tested.

Any live or dead bat that may have had contact with a person should be captured and reported to Warren County Public Health office @ 518-761-6580.

Website: www.warrencountynv.gov/healthservices



SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Health Services (Supervisory Committee) hereby authorizes Ginelle Jones (Employee Name)

to attend NYSACHO 2021 Public Health Leaders' Summit: Focus on Vaccine Equity (Name of meeting or organization).

at 200 Riverside Dr, Clayton NY 13624 (Address) on October 5-7, 2021 (Dates).

Meeting/Convention Cost: \$0 Mode of transportation to be used: county car
(County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:
May carpool with another county if mutually beneficial, use personal car or county car.

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ Not to Exceed \$225
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ 0 GSA* Rate \$ 0

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 0 Budget Code: A.4018.442
* www.gsa.gov

Date: 8/12/21

[Signature]
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

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 Buildings & Grounds 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 Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

2021 Annual Public Health Leaders Summit

No One is an Island: Building a More Equitable New York, Together

October 5, 2021 – Early Arrival

6:30 pm. Dinner for Early Arrivals

October 6, 2021

8-9 a.m. Breakfast (for those arriving on October 5th)

8 – 10 a.m. Registration

10 a.m. Welcome

10:15 a.m. COVID-19 and beyond: Health Equity Challenges and Opportunities for Local Health Departments

- Wilma Alvarado-Little, MA MSW, Associate Commissioner
New York State Department of Health, Director, Office of Minority Health & Health Disparities Prevention

11:15 a.m. Local Approaches to Health Equity

- Gregson Piggott, MD, MPH, Commissioner of Health, Suffolk County
- Keith Brown, MPH, Public Health Director, Schenectady County
- Frank Kruppa, MPA, Public Health Director, Tompkins County

12:30 p.m. Lunch

1:30 p.m. COVID-19 Lessons Learned/Future Challenges After Action Review

- Facilitated discussion

4 p.m. Break/Networking

6 p.m. Networking/Reception

6:30 a.m. Dinner

October 7, 2021

7:00 a.m. Breakfast

8:15 a.m. Member Meeting – 2022 NYSACHO Priorities

9:30 a.m. Health Equity and COVID-19 Vaccines – Addressing Misinformation and Messaging to reach the unvaccinated

Brian Castrucci, DrPH, MA, President and CEO, de Beaumont Foundation

10:45 a.m. Break/Check-out

11:00 a.m. Regulated Adult-Use Cannabis

12:00 p.m. Box Lunch/Adjourn

October 5-7, 2021, Harbor Hotel, Clayton NY

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
- Out-of-State (Requires Board resolution)

The Health Services (Supervisory Committee) hereby authorizes Mary Murphy (Employee Name)

to attend Decision Health-Home Care Coding Specialist (Name of meeting or organization)

at online (Address) on TBA (Dates)

Meeting/Convention Cost: \$811.00 Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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

Course \$399, exam \$329 and Studay Guide \$83 Total \$811.00

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

Notice of meeting or convention including cost. Total Cost of Travel \$811.00
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ 0 GSA* Rate \$ 0 Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 0 Budget Code: A.4010.444
* www.gsa.gov

Date: 8/13/2021

[Signature]
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

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

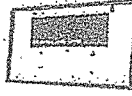

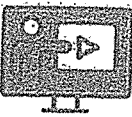


Filing Instructions:

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4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SHOPPING CART

OASIS Form Companion, 2021 was added to your shopping cart.

PRODUCT DETAILS

		QTY	SUBTOTAL
<input checked="" type="checkbox"/>	 <p>BMSC Certification Exams Choose your exam: 1 x Home Care Coding Specialist - Diagnosis (HCS-D) Certification Examination \$329.00</p> <p>(x) Remove Item</p>	<p>CODING</p> <p>1 Update Quantity</p>	\$329.00
<input checked="" type="checkbox"/>	 <p>BMSC Certification Exams Choose your exam: 1 x Home Care Clinical Specialist - OASIS (HCS-O) Certification Examination \$329.00</p> <p>(x) Remove Item</p>	<p>OASIS</p> <p>1 Update Quantity</p>	\$329.00
<input checked="" type="checkbox"/>	 <p>Home Health ICD-10-CM Coding eLearning Library</p> <p>(x) Remove Item</p>	<p>CODING</p> <p>1 Update Quantity</p>	\$399.00
<input checked="" type="checkbox"/>	 <p>Home Care Coding Specialist - Diagnosis (HCS-D) Certification Study Guide, 2022 Select: 1 x Home Care Coding Specialist - Diagnosis (HCS-D) Certification Study Guide, 2022 \$83.00</p> <p>(x) Remove Item</p>	<p>CODING</p> <p>1 Update Quantity</p>	\$83.00
<input checked="" type="checkbox"/>	 <p>Home Care Clinical Specialist - OASIS (HCS-O) Certification Study Guide, 2022 Select: 1 x Home Care Clinical Specialist - OASIS (HCS-O) Certification Study Guide, 2022 \$83.00</p> <p>(x) Remove Item</p>	<p>OASIS</p> <p>1 Update Quantity</p>	\$83.00

Grand Total \$1,274.00

HAVE A DISCOUNT CODE?

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HAVE A SOURCE CODE?

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Subtotal \$1,274.00

CONTINUE SHOPPING


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PRODUCT DETAILS

OASIS Form Companion, 2021



Set of
1 x OASIS Form Companion, 2021 \$51.00

(x) Remove Item



Join the AHCC

* FREE!

(x) Remove Item

OASIS

QTY
1
Update Quantity

SUBTOTAL
\$51.00

1
Update Quantity

\$0.00

HAVE A DISCOUNT CODE?

Enter your coupon code below to apply your savings.

APPLY

HAVE A SOURCE CODE?

Enter your source code below for faster service.

APPLY

Subtotal \$1,274.00
Grand Total \$1,274.00

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Based on your selection, you may be interested in the following items:

Home Care Coding Specialist –
Diagnosis (HCS-D) Certification
Study Guide, 2021

To: \$182.00 From: \$63.00



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The Complete Home Health ICD-
10-CM Coding Bundle

\$429.00

ADD TO CART



ICD-10-CM Wound Coding &
OASIS Field Guide, 2021

\$199.00

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2021 ACDIS Pocket Guide

\$165.00

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SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (Must be approved by Department Head, County Administrator & Committee Chair)
 Out-of-State (Requires Board resolution)

The Health Services (Supervisory Committee) hereby authorizes Mary Murphy (Employee Name)

to attend Decision Health-Home Care Clinical Specialist-Oasis (Name of meeting or organization)

at online (Address) on TBA (Dates)

Meeting/Convention Cost: \$463.00 Mode of transportation to be used: N/A (County Vehicle or Mass Transportation)

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

Exam \$329 and Studay Guide \$83 and Oasis Form Companion guide \$51 Total \$463.00

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ \$463.00 (travel and meeting/convention cost)

For Overnight Travel

Room rate \$ 0 GSA* Rate \$ 0

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 0 Budget Code: A.4010.444
* www.gsa.gov

Date: 8/13/2021

[Signature]
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

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:

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1-855-225-5341 MY ACCOUNT CART(7)

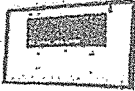
Contact Search entire store here...

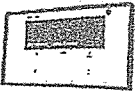
Home Books | Publications Training & Education | Application Tools Credentials

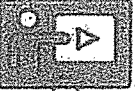
SHOPPING CART


OASIS Form Companion, 2021 was added to your shopping cart.


PRODUCT DETAILS QTY SUBTOTAL

D  **BMSC Certification Exams** *CODING* **\$329.00**
 Choose your exam:
 1 x Home Care Coding Specialist - Diagnosis (HCS-D) Certification Examination \$329.00
 (x) Remove Item Update Quantity

X  **BMSC Certification Exams** *OASIS* **\$329.00**
 Choose your exam:
 1 x Home Care Clinical Specialist - OASIS (HCS-O) Certification Examination \$329.00
 (x) Remove Item Update Quantity

X  **Home Health ICD-10-CM Coding eLearning Library** *CODING* **\$399.00**
 (x) Remove Item Update Quantity

X  **Home Care Coding Specialist - Diagnosis (HCS-D) Certification Study Guide, 2022** *CODING* **\$83.00**
 Select:
 1 x Home Care Coding Specialist - Diagnosis (HCS-D) Certification Study Guide, 2022 \$83.00
 (x) Remove Item Update Quantity

X  **Home Care Clinical Specialist - OASIS (HCS-O) Certification Study Guide, 2022** *OASIS* **\$83.00**
 Select:
 1 x Home Care Clinical Specialist - OASIS (HCS-O) Certification Study Guide, 2022 \$83.00
 (x) Remove Item Update Quantity

HAVE A DISCOUNT CODE?
Enter your coupon code below to apply your savings.

HAVE A SOURCE CODE?
Enter your source code below for faster service.

Subtotal \$1,274.00

APPLY

APPLY

CONTINUE SHOPPING

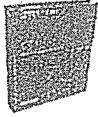
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8/13/2021

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PRODUCT DETAILS

X



OASIS Form Companion, 2021

Select: 1 x OASIS Form Companion, 2021 \$51.00

(x) Remove Item

OASIS

QTY 1 Update Quantity

SUBTOTAL \$51.00



Join the AHCC

*FREE!

(x) Remove Item

QTY 1 Update Quantity

\$0.00

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APPLY

HAVE A SOURCE CODE?

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APPLY

Subtotal \$1,274.00 Grand Total \$1,274.00

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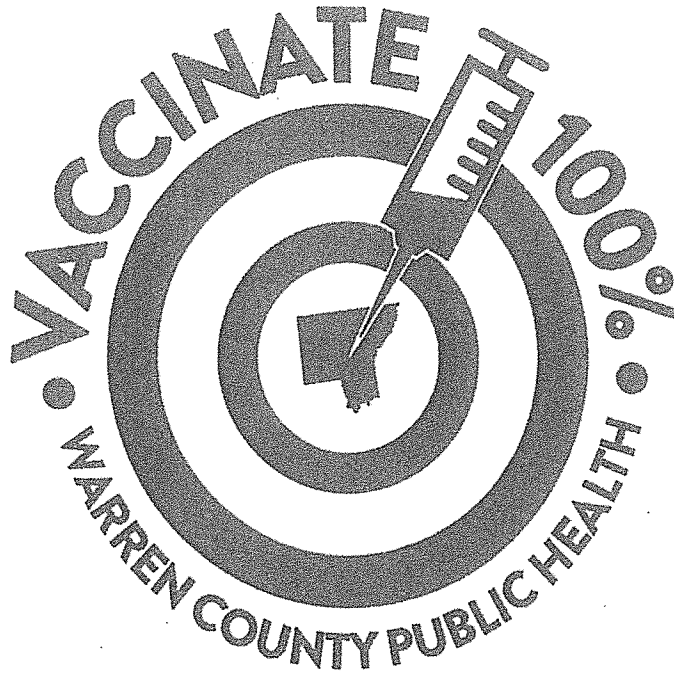
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POP UP COVID-19 CLINICS

In Your Area!

Warren County Human Services Building

Every Monday Night

Time: 5:00pm – 7:00pm

Take A Bite

at the Bandstand in City Park

Downtown Glens Falls

Every Wednesday Night

Time: 5:00pm – 7:00pm

Food Truck Friday

Brant Lake Town Hall

Every Friday Night

Time: 5:00pm – 7:00pm

CALL WARREN COUNTY PUBLIC HEALTH FOR MORE INFORMATION 518-761-6580