

Public Safety Committee
Warren County Office of Emergency Services
AGENDA
May 24, 2021

Committee Members: DIAMOND, Magowan, Braymer, Frasier and Shepler

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior committee meeting
- III. Action Agenda/New Business
 1. **Request:** Resolution to approve the Public Access Defibrillation (PAD) Program plan. *Attachment #1*
Rationale: The purpose of this plan is to set forth practices, protocols and procedures of the PAD program. This plan includes revisions and updates from the original program adopted by the Board by Resolution 126 of 2012.
 2. **Request:** Resolution request for a new contract with Emergency Services Marketing Corp, Inc. to provide lamResponding services for Warren County for a term commencing on January 1, 2022 and terminating on December 31, 2026. *Attachment #2*
Rationale: The current three-year contract expires on December 31, 2021. The service fee of \$17,388 is billed annually and will be included in the OES budget request under G/L account A.3640 470 Civil Defense-Contracts.
 3. **Request:** Resolution request to increase existing capital project H.254. 9550 290 Fire Training Center Project-Project and funding source H.254.9550 2390 Fire Training Center Project-Share of Joint Activity, Gov't in the amount of \$7,992.73.
Rationale: Resolution needed to reflect 50% reimbursement payments from Washington County in the amount of \$7,992.73 for expenses paid in full by Warren County. *Attachment #3*
- IV. Information for Discussion/Review
 1. Emergency Services Coordinator position
- V. Referrals and Pending Items
- VI. Privilege of the Floor and Public Comment (please allow for 15 second delay on live stream meetings)
- VII. Motion to adjourn

Attachments

#1 Miscellaneous

#2 Request for New Contract

#3 Request to Increase or Decrease or Amend Existing Capital Project or Capital Reserve Project

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

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

DEPARTMENT NAME: Office of Emergency Services

DATE: May 24, 2021

(a) Purpose of Request:

To approve the Public Access Defibrillation (PAD) Program plan for Warren County.

(b) Details:

The PAD Program is designed to improve an individual's chance of survival from sudden cardiac arrest. This plan provides a framework for the PAD program.

(c) Previous Resolution Number:

126 of 2012

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

No funding required

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

* as listed in budget and LOGOS

Warren County Office of Emergency Services



Public Access Defibrillation Program

PUBLIC ACCESS DEFIBRILLATION PROGRAM

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

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

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

TRAINING:

1. Training will be offered to County Employees in CPR and the use of an Automatic External Defibrillator (AED) utilizing an American Heart Association training course.
2. A database of all trained employees will be kept on file within the Office of Emergency Services. This data will include the name of the employee and a copy of the current certification card.
3. The Warren County Office of Emergency Services will provide initial PAD training and recertification programs for County Employees upon request of their department head.
4. An Employee may also obtain initial or recertification through any American Heart Association training course.
5. All trained Employees shall be familiar with and trained to use the specific model of AED units owned by Warren County.

LOCATION of AED's

The Warren County Office of Emergency Services has fifteen (15) AED units, which are to be available at the following locations:

1. Municipal Center, 1st floor by DMV
2. Municipal Center, 2nd floor by Board of Supervisors
3. Human Services Building, 1st floor Security Area
4. Up Yonda Farm
5. Warren County Airport
6. Warren County Fish Hatchery
7. Countryside Adult Home
8. EMS Car 1
9. EMS Car 2
10. EMS Car 3
11. EMS Car 4
12. Fire Car 1
13. Fire Car 3
14. Fire Car 4
15. EMS Rehab Trailer

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

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

MAINTENANCE AND INSPECTION OF AED's

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

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

** Recording of weekly inspections is not required.*

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

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

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

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

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

IN THE EVENT OF EMERGENCY

Call 911 or direct someone else to call 911. Caller should be prepared to provide the location and any pertinent details of the event. Provide CPR and use AED as per American Heart Association Guidelines.

AFTER THE ARRIVAL OF MEDICAL ASSISTANCE

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

AFTER THE DEPARTURE OF MEDICAL ASSISTANCE

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

DOCUMENTATION REQUIREMENTS

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

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

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

EMERGENCY HEALTH CARE PROVIDER

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

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

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

QUALITY IMPROVEMENT PROGRAM

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

APPENDIX A

<DATE>

Mr. Travis Howe
Mountain Lakes Regional Emergency Medical Services Council
375 Bay Road, STE 100
Queensbury, NY 12804

Dear Mr. Howe:

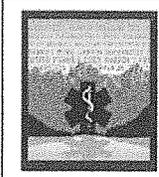
Enclosed is the Collaborative Agreement between Warren County and Dr. _____ . You will also find our Notice of Intent to provide public access defibrillation.

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

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

Sincerely,

PAD Coordinator



APPENDIX B
Mountain Lakes Regional EMS Council
375 Bay Rd., STE 100
Queensbury, NY 12804

Public Access Defibrillation Collaborative Agreement

This document shall serve as a collaborative agreement between _____
located at _____ and Warren
County's medical director / emergency health care provider. This document shall meet the provisions set
forth in Section 3000-B Article 30 of the Public Health Law of the State of New York for the provisions
Automated External Defibrillator (AED).

PURPOSE:

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

MEDICAL DIRECTOR / EMERGENCY HEALTH CARE PROVIDER:

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

TRAINING:

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

PROTOCOL FOR USE OF AED:

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

EMS NOTIFICATION:

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

DOCUMENTATION AND QUALITY IMPROVEMENT:

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

Mountain Lakes Regional EMS Council
375 Bay Road, STE 100
Queensbury, NY 12804

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

SUMMARY:

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

AUTHORIZATION NAMES AND SIGNATURES:

Authorized Signature for Warren County

Date

(Print name)

Title

Signature of Medical Director / EHCP Representative

Date

(Print name)

Public Access Defibrillation QI Report

Name of PAD Provider Organization: _____

Date of Incident: _____/_____/_____

Time of Incident: _____ am/pm

Patient's Age: _____

Patient's Sex: () Male () Female

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

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

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

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

Additional Comments: _____

Patient Outcome at Incident Site:

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

Name of AED Operator: _____ Transporting Ambulance: _____

Name of Facility Patient Transported to: _____

Name of Emergency Health Care Provider: _____

Signature of Health Care Provider

Date of Report

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

The completed report must be mailed to:

Mountain Lakes Regional EMS Council
375 Bay Rd., STE 100
Queensbury, NY 12804

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

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

DEVICE LOCATION: _____

Date of Inspection ____ / ____ / _____

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

COMMENTS: _____

APPENDIX E

Warren County Board of Supervisors Resolution of Acceptance of this plan

APPENDIX F

COPY OF
NOTICE OF INTENT TO PROVIDE
PUBLIC ACCESS DEFIBRILLATION

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Office of Emergency Services

DATE: May 24, 2021

- (a) Is this a Result of a Bid or Request for Proposal?
No
- (b) Purpose of Contract:
To continue the provision of responder reply system for Warren County (IamResponding)
- (c) Name of Contractor:
Emergency Services Marketing Corp, Inc.
- (d) Address of Contractor: **PO Box 93
Dewitt, NY 13214**
- (e) Contractor's Contact Person and Telephone Number:
Adam Feck 315-701-1372 ext. 25
- (f) Has or will the Contract be provided, if so, please attach:
To be provided
- (g) Commencement Date of Contract:
January 1, 2022
- (h) Termination Date of Contract:
December 31, 2026
- (i) Payment Provisions: i) lump sum amount **\$17,388 annually**
ii) hourly rate amount
iii) total amount not to exceed
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
Annually
- (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:

A.3640 470 Civil Defense - Contract

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

*as listed in budget and LOGOS



Cost Proposal to:

Warren County, NY

For the region-wide implementation of:

IamResponding.com

US Patents 8,009,810 B2 and 8,848,877 B2

Australia Patent 2008208041

New Zealand Patent 578654

Canadian Patent 2676134

International Patents Pending

(Now including NFIRS and TwoToneDetect with all subscriptions!)

This Cost Proposal is intended to be utilized and applied in conjunction with the Business and Technical Proposal and Sole Source Statement, also submitted by IamResponding, and will remain valid for forty-five (45) days from the date of this proposal.

Proposal Date: 3.23.2021

Confidentiality:

All terms, costs and provisions set forth herein are provided as confidential and proprietary, and are to be treated as such by the recipient, with such terms and conditions being shared with only such other municipal officials as are deemed by recipient to have a specific need to know basis.

Terms:

Number of IamResponding systems to be configured and provided: **Thirty Eight (38)** department/agency systems, 2 Dispatch Center systems and 1 TwoToneDetect Management system.

Number of members, users and devices: **Unlimited**

Proposed Cost Options:

<u>Term</u>	<u>Yearly cost if paid annually</u>	<u>Total cost if paid up-front</u>	<u>One-time set-up fee</u>	<u>Phone call costs</u>
3 Years	\$18,900	\$55,188	\$0	\$300/year
5 Years	\$17,088	\$82,705	\$0	\$300/year

Additional agencies and region-wide specialty teams may be added during the same subscription term at the following rates:

Each additional agency that is dispatched to MORE than 100 events per year:

3 year term: \$652/year**

5 year term: \$580/year**

Each additional agency that is dispatched to LESS than 100 events per year:

3 or 5 year term: \$270/year**

**Plus, a one-time set up fee of \$35 per agency or team and telephone charges as set forth below.

Please Note: This proposed base subscription fee is based on your representation that: **Twenty-Four (24)** of the proposed agencies and teams is/are dispatched to more than 100 dispatches of their own dispatches per year, and **Fourteen (14)** of the proposed agencies is/are dispatched to fewer than 100 dispatches of their own dispatches per year. If this representation is not accurate, then the actual Base Subscription Fee may be adjusted either upward, or downward, as the case may be, depending upon corrected information.

Included services:

Unlimited access to all responder information by Regional dispatchers, Regional Fire & EMS Coordinators and such others as may be designated by the Subscriber; separate, designated sites for each included agency and team; all current functions of IamResponding.com; 24x7x365 email technical support; set up of program options for each agency and team; periodic system upgrades; two (2) live webinar training sessions “as needed” of system administrators (“train the trainers”).

Excluded Services:

Input or maintenance of individual member profiles (to be performed by agencies and/or teams); user-end hardware or software; installation, maintenance or troubleshooting of user-end hardware, or at user sites.

Telephone Charges:

This is paid annually, together with your annual Base Subscription Fee. The cost is \$10/year for agencies dispatched to more than 100 incidents per year, and \$5/year for agencies dispatched to fewer than 100 incidents per year. With a multi-year Term, paid up front, the annually due amount is multiplied by the number of years of the Term, and then is also paid up front.

Current Subscribers:

Upon the region’s subscription to, and initial payment for, the system, any current agency or team covered by the subscription agreement which has already subscribed to the system, which is included within the region’s implementation plan, and which is current on their account, shall receive a pro-rated refund of any subscription fees already paid (exclusive of any set-up fees) for any unused portion of their subscription.

Contact Information:

For further information or questions concerning this proposal, please contact:

Adam Feck
Emergency Services Marketing Corp., Inc.
PO Box 93
Dewitt, NY 13214
315/701-1372, Ext. 25
afeck@emergencysmc.com

RESOLUTION REQUEST FORM NO. 9

**Request to Increase or Decrease or Amend Existing Capital Project or
Capital Reserve Project***

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

DEPARTMENT NAME: Office of Emergency Services

DATE: May 24, 2021

- (a) Exact Title and Number of Project*:
H.254.9550 280 Fire Training Center Project - Projects
- (b) Is this a Capital Project?
Yes
- (c) Is this a Capital Reserve Project?
- (d) Amount of Increase (if applicable):
\$7,992.73
- (e) Amount of Decrease (if applicable):
- (f) Source of Funding (if Increase) (including name & title of codes, etc.):
H.254.9550 2390 - Fire Training Center - Share of Joint Activity, Gov't
- (g) Changes in Funding (if Amendment):

- (h) Purpose of Increase or Decrease or Amendment:
To correct the Fire Training Center Project to reflect reimbursement receipts from Washington County in the amount of \$7,992.73.

2390 - Share of Joint Activity, Govt

Summary Budget Analysis Five Year Trend Budget History Detail

Annual Totals YTD Reclass Journal Type

Classification **Intergovernmental Charges** Fiscal Year 2021

Amended Budget	Revenues	YTD Balance	Percent Received
\$78,917.34	\$86,910.07	-\$7,992.73	110%

Month	Budget	Amendments	Revenues	Current YTD Balance	Percent Received
January	\$0.00	\$72,483.37	\$86,910.07	-\$14,426.70	120 %
February	\$0.00	\$6,433.97	\$0.00	-\$7,992.73	110 %
March	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
April	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
May	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
June	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
July	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
August	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
September	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
October	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %
November	\$0.00	\$0.00	\$0.00	-\$7,992.73	110 %