

Criminal Justice & Public Safety Committee
Warren County Office of Emergency Services
AGENDA
July 18, 2022

Committee Members: GERACI, Braymer, Seeber, Dickinson, Driscoll, McDevitt, Diamond -
*Chair of the Board shall serve as an Ex-Officio member when needed in accordance with the
Section D(6) of the Rules of the Board*

- 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 request to approve updates to the Public Access Defibrillation (PAD) Program plan for Warren County. *Attachment #1 & 1A*
Rationale: Request needed to update PAD Program plan contact information and the Public Access Defibrillation Collaborative Agreement.
 2. **Request:** Resolution request to create a Community Emergency Response Team (CERT) and approve the CERT Policies and Procedures. *Attachment #2 & 2A*
Rationale: Warren County Office of Emergency Services is establishing a county Community Emergency Response Team (CERT) to assist in mobilizing the community, fostering citizen preparedness and awareness, and build our resilience to hazards and disasters.
- IV. Information for Discussion/Review
 1. Upcoming Red Cross Citizens Preparedness training – July 21, 2022 *Attachment #3*
 2. World University Games Tabletop Exercise
- 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 Resolution Request Form No. 20 Miscellaneous
- #1A PAD Program Plan
- #2 Resolution Request Form No. 20 Miscellaneous
- #2A CERT Policies and Procedures
- #3 Citizens Preparedness Training

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: July 18, 2022

(a) Purpose of Request:

To approve updates to 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:

211 of 2021

(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

July 2022

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 ensure 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 sixteen (16) 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 - OES 8
15. EMS Rehab Trailer
16. Warren/Washington Training Center

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:
Mountain Lakes REMSCO
C/O FDRHPO North Country EMS Program Agency
120 Washington St., Suite 230
Watertown, NY 13608

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>

Ms. Ann Smith
Mountain Lakes REMSCO
C/O FDRHPO North Country EMS Program Agency
120 Washington Street, Suite 230
Watertown, NY 13608

Dear Ms. Smith:

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
5 Warren Street
Glens Falls, NY 12801

07 2012

Public Access Defibrillation Collaborative Agreement

This document shall serve as a collaborative agreement between the Warren County Office of Emergency Services (Hereafter referred to as "Entity Providing PAD") and the Entity Providing PAD'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:

Entity Providing PAD 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:

Entity Providing PAD 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:

Entity Providing PAD has adopted the American Heart AED (Hereafter referred to as "Appropriate Training Program") 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:

Entity Providing PAD has adopted the *Appropriate Training Program's* AED Treatment algorithm for the use of the AED(s). The company's AED(s) shall be programmed to prompt the user and deliver counter shocks as outlined by the *Appropriate Training Program's* algorithm.

EMS NOTIFICATION:

Entity Providing PAD will notify the West Glens Falls Emergency Squad and the Warren County Public Safety Answering Point (Dispatch Center) by mail of the placement and training for public access defibrillation. The Warren County Public Safety Answering Point (Dispatch Center) will also be notified in the time of emergency.

APPENDIX C

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
120 Washington Street, Ste 230
Watertown, NY 13608

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 is In Cabinet				
7.CPR Guide is 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

New York State Department of Health
Bureau of Emergency Medical Services

Notice of Intent to Provide Public Access Defibrillation

07 2012

Original Notification Update

Entity Providing PAD

Name of Organization WARREN COUNTY Office of Emergency Services	Telephone Number (518) 232 4292
Name of Primary Contact Person Gary Scidmore	E-Mail Address Scidm@Hotmail.com
Address 1740 State Route 9 Lake George NY	Fax Number ()
City Lake George	State NY
Zip 12845	

Type of Entity (please check the appropriate boxes)

<input type="checkbox"/> Business	<input type="checkbox"/> Fire Department/District	<input type="checkbox"/> Private School
<input type="checkbox"/> Construction Company	<input type="checkbox"/> Police Department	<input type="checkbox"/> College/University
<input type="checkbox"/> Health Club/ Gym	<input type="checkbox"/> Local Municipal Government	<input type="checkbox"/> Physician's Office
<input type="checkbox"/> Recreational Facility	<input checked="" type="checkbox"/> County Government	<input type="checkbox"/> Dental Office or Clinic
<input type="checkbox"/> Industrial Setting	<input type="checkbox"/> State Government	<input type="checkbox"/> Adult Care Facility
<input type="checkbox"/> Retail Setting	<input type="checkbox"/> Public Utilities	<input type="checkbox"/> Mental Health Office or Clinic
<input type="checkbox"/> Transportation Hub	<input type="checkbox"/> Public School K-6	<input type="checkbox"/> Other Medical Facility (specify)
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Public School 6-12	<input type="checkbox"/> Other (specify)

PAD Training Program (Indicate the training program chosen. Only the approved programs may be used. Please see Policy Statement 09-03 [<http://www.health.state.ny.us/nysdoh/ems/policy/09-03.htm>])

American Heart AHA Heart Guard

Automated External Defibrillator SEE ATTACHED SHEET

Manufacturer of AED Unit	Model of AED Pediatric Capable	Is the AED Pediatric Capable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Trained PAD Providers 20	Number of AEDs 11
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Emergency Health Care Provider

Name of Emergency Health Care Provider (Hospital or Physician) Dr. Grilling DO	Telephone Number 926 3050
Address 100 Park Street	Fax Number ()
City Glens Falls	State NY
Zip 12801	

Name of Ambulance Service and 911 Dispatch Center

Name of Ambulance Service and Contact Person West Glens Falls Dan Albert	Telephone Number 798 5011
Name of 911 Dispatch Center and Contact Person Warren County Sheriff's Office Lucy Johnson	County Warren

Authorization Names and Signatures

CEO or Designee (Please print) Gary Scidmore	Signature <i>Gary Scidmore</i>
Physician or Hospital Representative (Please print) Douglas Grilling	Signature <i>Douglas Grilling</i>
	Date 5/7/12
	Date 2/13/12

DOH-4135 (4/09) Complete this form and send it with your completed Collaborative Agreement to the REMSCO for your area

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: July 18, 2022

(a) Purpose of Request:

To create a Community Emergency Response Team (CERT) and approve the CERT Policies and Procedures.

(b) Details:

The CERT will assist in mobilizing the community, promote citizen preparedness and build on the County's resilience to hazards and disasters.

(c) Previous Resolution Number:

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

A.3645.4118 410 FY22 State Homeland Security Program Grant - Supplies \$3,500

A.3645.4118 470 FY22 State Homeland Security Program Grant - Contract \$1,000

Add'l funding is available in the OES budget - various supply and equipment codes

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

* as listed in budget and LOGOS



WARREN COUNTY CERT Team



Warren County CERT Team

Revisions

Date	Update	Name
6/20/22	Created CERT Team Policies and Procedures	A. Rivers



Warren County CERT Team

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Warren County CERT Team

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Warren County CERT Team

Introduction

What is CERT?

The Community Emergency Response Team (CERT) Program is a federally and locally implemented initiative that teaches people how to better prepare themselves for hazards that may affect their communities. The program works to train the public on basic disaster response skills such as fire safety, light search and rescue, team organization, and disaster medical operations.

Using CERT training, members can assist their communities and workplaces when a hazard or disaster occurs until professional emergency responders and other critical resources arrive. CERT Team members will work to promote emergency preparedness within their communities, assist first responders when needed, provide immediate assistance victims, collect disaster information to support first responder efforts, and provide help immediately following a major emergency or disaster. CERT enables individuals to help the public prepare, respond and recover from disasters within their own communities.

A Brief History of CERT

The first CERT Team concept was initiated by the Los Angeles Fire Department (LAFD) in 1985. Officials from Los Angeles traveled to Japan in order to examine and study their disaster response plans. While examining these plans, they discovered their extensive neighborhood-based training program. The program included such topics as light search and rescue, light fire suppression, first aid and evacuation. With this information, the LAFD worked to create a similar program.

In 1987 the Whittier Narrows earthquake, through its size and magnitude, reinforced the need for a community-based program and for trained community civilians who are able to support first responders to meeting their communities' immediate needs. The success of the LAFD program and following the events of September 11, 2001, the Federal Emergency Management Agency (FEMA) adopted the program nationwide, creating an all hazards national training program known today as CERT.

CERT is designed as a local initiative since different hazards and disasters occur dependent on geographical location. Most CERT Teams deploy in or around their local communities assisting when needed, while some CERT Teams may be called to neighboring communities, as long as there is a familiarization with their command structure and protocols.

Personnel

How Do I Join?

The Warren County CERT Team is open entry to anyone 18 years or older who is interested in joining. Applications may be printed from the Warren County Office of Emergency Services (OES) webpage, <https://warrencountyny.gov/emergencyservices>, or picked up at the Warren County OES Office located at the Warren County Municipal Center, 1340 State Route 9, Lake George, New York 12845. Upon notification of your acceptance in the CERT Team, you must complete a "Volunteer Registration Form" which can be found on the OES webpage or picked up at the OES Office. A preliminary background will be conducted to ensure compliance with the membership requirements, which are set forth below, prior to starting. All applications may be mailed to the above address.



Warren County CERT Team

CERT Team Membership Requirements

To be considered for membership, potential CERT Team members should:

- Be a minimum of 18 years of age.
- Complete and return the CERT Application Form.
- Complete and sign a Warren County Volunteer Registration Form
- Be of a character that can be trusted under adverse conditions, when victims of disaster could be at disadvantage. (CERT Team members must be trusted to treat victims and their property with highest respect and dignity and without regard for a victim's age, race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, or marital status).

After acceptance into the CERT Team, a member will be required to complete the following trainings to remain an active member on the team:

- Successfully complete CERT Basic Academy within 1 year of being accepted to the CERT Team.
- Complete FEMA Independent Study Classes IS 100, IS 200, IS 700, and IS 5a within 6 months of being accepted to the CERT Team.
- Be certified in CPR & First Aid within 6 months of being accepted to the CERT Team.

Physical Ability Requirements

CERT welcomes applicants and participants with all physical abilities. There are many jobs within CERT for someone who wants to be involved. Following a disaster, CERT members are needed for various roles that include both physical and non-physical tasks. CERT complies with both the Americans with Disabilities Act and the Warren County ADA/Section 504 Policy, that can be found at: <https://warrencountyny.gov/sites/default/files/hr/docs/forms/ADA%20Section%20504%20Policy.pdf>.

Membership Status

Members are either "Active" or "Inactive." Active members are those who are in good standing with the Warren County Office of Emergency Services as well as have kept up and maintained the requirements laid out in the "CERT Team Membership Requirements" section. Active members not meeting the membership requirements will be considered Inactive.

Inactive members are those who met the initial qualifications for membership but did not maintain their responsibilities or became ineligible by now failing to meet the initial qualifications.

Warren County, the Office of Emergency Services, or any supervising CERT Officer may upon its own discretion revoke an inactive membership without cause.

Active CERT Team Member Requirements

- Attend at minimum 4 hours of OES approved training each year
- Maintain and update contact information, as needed, by OES
- Maintain issued equipment and gear in good working condition as instructed by OES
- Participate in a minimum of 1 CERT Team approved drill annually
- Maintain an updated ID Card issued by Warren County Office of Emergency Services. (Only members who have been issued an ID Card are eligible for deployment during and following a major emergency or disaster. There will be no exceptions to this policy.)



Warren County CERT Team

- CERT team members shall promote and comply with the policies, procedures and operating philosophies of Warren County and Warren County Office of Emergency Services.

Concept of Operations

General

The CERT team is designed to provide first responders assistance during a long-term incident. The teams are also capable of providing direct support to communities and/or private agencies within the scope of emergency management support functions.

The CERT teams operate under the sole direction of the Warren County Office of Emergency Services. The CERT teams are based on a ten-member concept with a Team Leader and an Assistant Team Leader.

Operation Responsibilities

The CERT program supports local incident commanders, local emergency responders and other support agencies within the emergency management system. CERT teams are neither designed nor intended to serve as initial first responders on a scene but can provide immediate assistance needed prior to arrival of first responders or may serve as additional resources as “second” responders if the event requires it.

The CERT program enables the Incident Commander to utilize CERT teams in non-critical functions allowing first responders to be utilized in critical areas. In a large-scale situation where the first response system is overwhelmed and delayed, CERT team members will provide assistance in their homes, neighborhoods and local communities until first responders arrive.

Team Identifications

It is essential that CERT members maintain a professional level in both emergency and non-emergency activations. Team members are issued identification cards for both identification and accountability purposes. When performing CERT functions, members must display appropriate identification.

Identification Cards

Identification cards shall be worn on the outermost garment at all times. If the card is lost it will be the responsibility of the team member to replace it prior to the participation in another event by contacting Warren County OES and requesting a new card. CERT members will not be allowed to participate in any activation functions of the program without a proper ID Card.

CERT volunteers must provide timely notification of changes in contact information (address, email, phone, etc.) to the CERT Program Manager or Director of Warren County OES and, if needed, an updated card will be given.

Apparel

In emergency situations, members must wear the issued CERT vest and hard hat. Members need to dress for the conditions and should always wear pants and work boots. During non-emergency situations, members need to wear either the issued CERT vest or other purchased clothing containing the CERT logo. It is the responsibility of the team member to maintain all garments in a presentable manner. When wearing CERT apparel, members must maintain a professional demeanor. Clothing containing the CERT logo is not to be worn while off duty at any time.



Warren County CERT Team

Team Organization

Position Descriptions

Team Leader

Team Leaders are to be appointed by the Director of Warren County OES or their designee. Team Leaders are not responsible for their team's performance; however, they are tasked with helping their teams plan, learn to solve problems, and work effectively with each other. A Team Leader should enjoy coaching, working with people, and bringing about improvement through hands-off guidance and leadership.

During large-scale emergencies, CERT teams become an integral part of the command and control structure upon arrival at a staging area. The command and control staff of the affected jurisdiction must understand the role and training level of CERT teams when deploying them as a resource. The Team Leader will be the central point of coordination for the teams and will receive information from responsible parties.

The Team Leader will be an individual who has demonstrated through training, knowledge and experience that he/she is capable of leading the team before and during the stressful environment of a large-scale emergency or disaster. This individual will have the capability to manage and seek advice from a diverse group of people and ensure the team has an integrated approach during a critical incident. The Team Leader must possess knowledge of team functions, operations, and safety.

Assistant Team Leaders

Assistant Team Leaders provide necessary support for the Team Leader to manage and account for all team members. They follow the direction of the Team Leader and assume the roles he or she assigns to them. They assist Team Leaders in planning and coordination efforts. Assistant Team Leaders will assume the duties and responsibilities of the Team Leader if the Team Leader is unable to fulfill their duties and must be able to spontaneously step up to a Team Leader position. This means the Assistant Team Leaders must be familiar with and fluent in all of the Team Leader's responsibilities.

Team Members

The CERT program is intended to provide a coordinated response for assisting first responders in large-scale emergency situations. Team members will maintain a level of training in order to effectively respond to a situation. Team members work under the direction of the Team Leader and/or Assistant Leaders. They help plan and carry out all team functions.

Team Assignments

When activated for an emergency response, the team assignments will be as follows:

- a) Team Leader. (1)



Warren County CERT Team

- b) Assistant Team Leader. (1)
- c) Fire Suppression Team (2)
- d) Search and Rescue Team (2)
- e) Medical Triage Team (2)
- f) Treatment Team (2)

Team Activation

Activation

Upon authorization by the Warren County Office of Emergency Services, CERT team(s) will be activated by the “call out” protocol. This may be implemented in the form of a text message, email, and/or phone call. An activation may be classified as on ‘standby’ or ‘active’ duty by the Director of Warren County OES or the Emergency Services Coordinator.

Warren County OES may activate a CERT Team if:

- A. Requested by a local response agency
- B. Requested by a private response organization; or
- C. The Office becomes aware of a situation that may warrant the assistance of a CERT team.

Notification

Different levels of team activation are available depending on the magnitude of the incident and the specific type of incident. Warren County OES will keep all CERT members apprised of the notification of a team. The following notification levels are utilized through Warren County OES:

Alert

An alert is intended only to inform CERT teams of the potential for or the occurrence of an event. An alert does not constitute a directive to begin any response.

Mobilization

A request for mobilization of a CERT team is intended to have team members report to a staging area with all of their equipment for possible deployment. When responding to the staging area, ALL traffic laws must be obeyed. Warren County OES with the approval of the Incident Commander will initiate a response or cancellation of the mobilization.

Deployment

The CERT team upon notification of deployment will report to the staging area for deployment. Individual response to an incident is prohibited unless authorized by Warren County OES. Deploying CERT members will bring all necessary equipment and personal necessities for a 48-hour period.

Activated CERT members can be utilized to assist with basic scene or support functions including:

- Basic First Aid
- Triage of Victims



Warren County CERT Team

- Extinguishment of small incipient phase fires utilizing makeshift aids or fire extinguishers. (NOTE – No interior firefighting is allowed and CERT members will not be in a position where smoke inhalation or heat endangers their safety).
- Light Search and Rescue to include cribbing/leveraging and removal of patients from danger.
- Setting up treatment, rehab or similar sectors.
- Maintaining accountability for fellow CERT members.
- Supervising CERT sectors or groups.
- Any other operation required to remedy a given scenario that does not directly endanger the CERT members or move outside of their scope of practice.

Cancellation

When an alert, mobilization, or deployment order has been issued and subsequent information indicates CERT assistance is not required, Warren County OES will issue a notice of cancellation to the Team Leader, who will distribute the notice to all members of their team. All incident commanders and first responders may remove a CERT member from a scene for any reason as they see fit.

Self-Deployment/Freelancing

Team members are not allowed to self-deploy to an incident. Deployment will be done as a team. If a person self deploys or acts outside the scope of CERT practice he/she will forfeit all protection from liability provided by the CERT program and Warren County. Furthermore, the individual may face removal from the CERT program.

Outside Agency Activation

Any request by another locality, other counties, or another state, to Warren County for CERT resources (whether for disaster, emergency, special event, and/or training, etc.) shall be authorized and coordinated through the Warren County Office of Emergency Services. Deployment of CERT-trained individuals and/or teams outside of Warren County, while serving or representing CERT, shall be based solely on mission-specific tasks.

Incidents During Activation

CERT teams cannot allow any individual who is not an active CERT volunteer to be included in official CERT deployments.

The CERT Program Manager or Incident Commander must be notified as soon as possible of any injury, regardless of whether it requires medical attention. An investigation of the incident will be conducted to determine if safety procedures were adequate, communicated clearly, and complied with at the time of incident.

CERT volunteers are individually responsible for communicating their own personal limitations.

Training and Exercises

The CERT team concept is intended to provide additional support resources in non-critical functions during large-scale situations and also provide non-emergency support functions during non-emergency situations. To be prepared to respond, team personnel must maintain a minimal level of training.



Warren County CERT Team

Training Guidelines

The CERT training program is based on maintaining a skill level to assist in the basic lifesaving efforts until the first response system is activated and an effective response is initiated. Personnel must also possess the knowledge required to accomplish this effectively without the threat of becoming secondary casualties.

Some examples of the types of training that are necessary will include first aid, triage, rescue, utility shutoff, use of personal protective equipment, and communications.

Due to their mission, CERT team(s) may respond and operate in several different environments and be responsible for numerous functions. All CERT members must receive an appropriate level of training necessary for their function.

➤ **Basic CERT training**

All team members are required to successfully complete and maintain the basic CERT training.

➤ **Basic MRC (Medical Reserve Corp) Training**

All team members will be given the opportunity to attend MRC training.

➤ **Incident Command Training**

All team members must attend Incident Command training to be eligible for field response.

Training Requirements

To stay proficient and knowledgeable, CERT Team members will be required to attend and/or complete the following trainings:

- Attend at minimum 4 hours of approved training each year
- Participate in at minimum 1 drill annually
- Complete IS 100, 700 and 5a (Haz-Mat)
- Complete Basic CERT Training

Equipment

Equipping a CERT team is a significant commitment by the county. Properly selected and maintained equipment is essential to insure the team is capable of responding to a major event.

Personal Equipment

Each CERT member is issued equipment that he/she is responsible for. This equipment must be properly maintained and readily available for response to a situation.

Equipment Accountability

Team leaders will inventory each member's equipment bag twice per year and report to the CERT Program Manager. If equipment is missing or damaged, Warren County OES will address the deficiencies with the member.

If a member leaves the team, the equipment will be returned to the CERT Program Manager within two weeks of notification. Unreturned equipment will be replaced at the previous member's expense.



Warren County CERT Team

CERT volunteers are responsible for maintaining all CERT equipment and resources in clean and operable condition. All equipment shall be used strictly in a manner consistent with their training, and shall not be transferred, sold or disposed of without prior authorization from the Director of Warren County OES.

Communications

A pre-defined and effective communications strategy for the CERT program is required to support the mission and goals of the program. This section supports:

- Overall communications plan
- Communication procedures for alerting, mobilizing and deploying teams
- Communications between the EOC and/or Incident Commander and CERT teams
- Communication between members and teams at the incident site
- Communications terminology
- General communications procedures
- Reporting

Available Communications

The following equipment and communication system resources are capable of being utilized for CERT communications.

- Personal cellular devices
- In-house portable radio

Communications Terminology

1. Using common terminology and terms when communicating is essential using a common system. This system would utilize clear text and common language in both communications and call signs in order to:
 - a. Function according to Incident Command Standards
 - b. Facilitate communication of information at an incident scene
 - c. Ease identification of different responsibilities
 - d. Identify units by function and/or geographic assignment
 - e. Identify all units in clear text
2. The following rules of communication will apply to CERT team operations:
 - a. The use of "10" codes will not be used
 - b. Plain text will be used at all times
 - c. Conversations should be clear, concise and short to minimize tying up the radio.
 - d. The words "CODE RED" should be announced over the radio when scene is no longer under control or personnel are in immediate danger.
3. It is important when initiating a conversation on a radio system to first identify the unit being called, by the unit calling.
4. The person initiating a conversation is responsible for announcing "clear" when he/she is through communicating on the radio. This will let others know that the conversation is completed and they may use the radio.



Warren County CERT Team

Meetings and Activities

The CERT Team will meet 4 times per year to conduct business meetings, unless convened for emergency purposes. In which notices will be delivered by phone or email. The schedule will be set by the Program Manager.

Elected Positions

Chair

- Oversee day-to-day operations of CERT
- Oversee Leadership Team
- Lead representative of CERT to other organizations and agencies
- Liaison to Warren County OES
- Leads quarterly membership meetings

Vice Chair

- Stands in for Chair when Chair is unavailable
- Schedules leadership meetings
- Facilitates leadership meetings
- Coordinate the organization calendar of events and training

Membership Coordinator

- Take notes at leadership meetings
- Maintain membership records
- Maintain membership contact information

Medical and Safety Coordinator

Requirements

- Possess a current first aid and CPR card

Duties

- Update and maintain a CERT medical response kit.
- Maintain records of medical credentials.
- Prepare a safety message for each activity.
- Notify members of critical updates and available training.
- Ensure the team kit is at all events and activities.

Communications Coordinator

- Maintain custody records and inventories of available communications equipment.
- Maintain custody records and inventories of volunteer-owned communications equipment.
- Facilitate call-out.
- Develop and maintain the CERT Communications Plan form to be used for activities.
- Ensure the Communication Plan is used for every event or activity.

Logistics Coordinator



Warren County CERT Team

Requirements

- Basic proficiency with Excel spreadsheets

Duties

- Maintain inventory of all CERT and County-owned equipment.
- Maintain an in-out log.
- Prepare requests for inventory replenishment.

Training Committee

- Arrange for training.
- Organize training.
- Conduct training.

Events Committee

- Arrange non-training activities.
- Organize non-training activities.
- Provide staff for non-training activities.

Grounds for Removal

All CERT members are subject to dismissal from the program for any reason as appropriated by the Director of Warren County OES and/or the CERT Team Program Manager. Some examples of actions that could result in removal from the CERT program are:

- Self-deployment to an incident or scene.
- Unauthorized use of CERT signage or logos.
- Unprofessional or aggressive behavior toward other CERT members, residents, first responders, or other authorities.
- Failure to follow the direction of authorities.
- Being found guilty of a crime by a judge or jury.

Failure of CERT volunteers or teams to comply with the policies and procedures as stated may result in their immediate termination from the Warren County CERT Program. Any illegal or improper conduct on the part of any member may be cause for termination from the program. The decision of the Director of Warren County OES will be final.

After a member has been removed, he or she must return all equipment provided by the CERT program within two weeks. This person will be charged for non-returned items.

Miscellaneous

Indemnification

Many members of CERT have skills beyond what is taught through the CERT program (e.g. physicians and other health professionals, heavy equipment operators, etc.) While these skills may be helpful during an emergency or disaster, they are **outside** the CERT scope of practice as a CERT member.



Warren County CERT Team

Therefore, the CERT member shall be solely liable hereunder for: their actions or commissions that fall outside the scope of practice or instruction; negligence; willful misconduct; or bad faith. The CERT member by applying agrees to indemnify Warren County, its board, officers, employees, and volunteers and save it harmless against any and all liabilities, including judgments, costs and reasonable counsel fees, for any act or omission performed outside the scope of practice, for their negligence, willful misconduct, or bad faith.

Conclusion

The CERT program is a very valuable resource to Warren County when operating in its intended functions. These Standard Operating Guidelines help insure proper orientation of the program and its members. Each member is responsible for understanding and following these guidelines.

Failure of CERT volunteers or teams to comply with the policies and procedures as stated may result in their immediate termination from the Warren County CERT Program. Any illegal or improper conduct on the part of any member may be cause for termination from the program. The decision of the Director of Warren County OES will be final.



Warren County CERT Team

Appendix 1: CERT Activation Form

The Team Leader should report the following information to Warren County OES or CERT Program Manager as soon as possible. If activated, the EOC should also be advised of the following information.

Date:

Time:

Location of Response Area:

Name of Team Lead:

Contact Information:

General overview/state of the response area:

- Damage/hazards (flooding, debris, power lines, etc.)
- Number of Victims
 - Number of Criticals ("Reds")
 - Number of Fatalities
- Location of greatest need
- Obstacles to ingress or egress
- Number of CERT volunteers
- Greatest immediate need of the CERT Team
- Roster of CERT volunteers



Warren County CERT Team

Appendix 2: CERT Roles in Activation (as needed)

The following are roles needed or may be needed if the CERT Team is activated:

- Team Leader
- Safety Officer
 - Develops, delivers and enforces a safety plan
 - Continually checks for hazards
- Scribe
 - Maintains records and written communication for members
- Logistics Leader
 - Provides facilities, services and materials in support of the incident, assisting the Team Leader as necessary
 - Maintains inventory and resource tracking
- Communications Officer
 - Develops, delivers and maintains a Communications Plan



Warren County CERT Team

Appendix 3: CERT Team Leader Guidance

- Any CERT volunteer may be Team Leader. It is imperative that each CERT volunteer remain familiar with the basics of being Team Leader.
- If professional responders may be delayed, ensure that it is safe for CERT to activate.
- Announce the location of a CERT staging area.
- The Team Leader will designate someone to call Warren County OES with the information from the CERT Activation Form as soon as possible.
- Divide team into job functions as needed and as time and resources allow. Decide what your priority is and how to do the greatest good for the greatest number.
- Give your Team instructions; remind them to return to you for reassignment upon completion of their task. SAFETY FIRST!
- Your priorities are always:
 - Life safety
 - Incident stabilization
 - Property/environmental conservation.
- The Team Leader must report to the incident Commander
- Any member in a leadership role must maintain ICS 214

Team functions can be combined, you will need to be flexible to handle situations as they arise. Improvise, adapt and overcome. Use a map when necessary.



Warren County CERT Team

Appendix 4: Commonly Used Abbreviations

9-1-1: The emergency number to call in the District

ARC: American Red Cross

ARES: Amateur Radio Emergency Service

CERT: Community Emergency Response Team

EM: Emergency Management

EMS: Emergency Medical Services

EOC: Emergency Operations Center

FEMA: Federal Emergency Management Agency

ICS: Incident Command System

MRC: Medical Reserve Corps

NIMS: National Incident Management System

PDA: Preliminary Damage Assessment

PPE: Personal protective equipment

RACES: Radio Amateur Civil Emergency Services

RPM: Respirations, pulse, mental status; used in triage

SAR: Search and Rescue

START: Simple Triage and Rapid Treatment

VOAD: Volunteer Organizations Active in Disaster

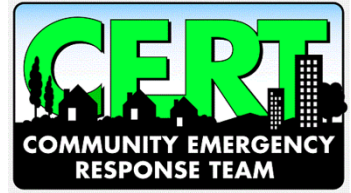


Warren County CERT Team

Appendix 5: Application for Membership



APPLICATION TO PARTICIPATE IN
 COMMUNITY EMERGENCY RESPONSE TEAM (CERT)
 WARREN COUNTY OFFICE OF EMERGENCY SERVICES
 1340 State Route 9
 Lake George, NY 12845
 (518) 761-6240



APPLICANT INFORMATION

Full Legal Name: _____
 Last First Middle Title (Mr. Ms. Mrs.)

Mailing Address: _____
 Street Apt. #/PO Box

 City/Town/Village State Zip

Cell Phone: _____ Alternate Phone: Pick One _____

Email Address: _____

Length of Time at Current Address: _____ Months _____ Years

Please List Previous Address (If Current Address is Less Than 1 Year)

_____ Street City State Zip

Are You At Least 18 Years of Age? ____ Yes ____ No

Driver's License # _____

Have you ever been convicted of a crime other than a minor traffic violation? ____ Yes ____ No

EMPLOYMENT/SCHOOL INFORMATION

Current Employer/School: _____

Occupation (Optional): _____

Address: _____
 Street Apt #/PO BOX

 City/Town/Village State Zip

Phone: _____ Email Address: _____



Warren County CERT Team

EMERGENCY CONTACT INFORMATION

Full Legal Name: _____
Last First Middle Title (Mr. Ms. Mrs.)

Mailing Address: _____
Street Apt. #/PO Box

City/Town/Village State Zip

Cell Phone: _____ Alternate Phone: Pick One _____

Email Address: _____ Relation: _____

PREVIOUS EXPERIENCE

Have you had any previous experience with any other fire, rescue, EMS, or CERT Program or organization? Yes No

If Yes, please list: _____
Agency Name City State

Agency Name City State

Agency Name City State

List Any Current Affiliations/Organizations: _____

Check Any Certifications You Have Obtained: (Add Any Not Listed):

CPR CPR Instructor EMT Red Cross Training Amateur Radio
 FF1/BEFO/IFO

Other: _____

How Did You Hear About the CERT Team?

Member Friend Media Public Event Website Flyer
 Social Media Other: (_____)

I affirm that all statements on this membership form and attachments are true and complete, to the best of my knowledge. I understand that false, misleading or incomplete information may be cause for disqualification or termination of membership. I understand that a background check will be performed as part of the application process and do hereby give my consent for such check.

Sign: _____ Date: _____



Warren County CERT Team

Appendix 6: Warren County Volunteer Policy

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RESOLUTION No. 235 OF 2021



WARREN COUNTY VOLUNTEER POLICY AND PROCEDURE

Approved 06/16/2021

Resolution No. 236 of 2021

lart037-21

JUNE 16, 2021 BOARD MEETING



Warren County CERT Team

RESOLUTION No. 235 OF 2021

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1. Introduction

Warren County desires to involve more people in volunteering to enhance the services that are provided by the county and to enrich the lives of people in our communities. Warren County appreciates and acknowledges the dedication and time that our valued volunteers provide to our community and we thank you in advance for your desire and commitment to volunteering.

Warren County is committed to involving volunteers directly within the organization to:

- contribute to the delivery of our services
- assist on various boards
- make sure we are responsive to the needs of those who use our services
- provide different skills and perspectives
- offer opportunities for participation by people who might otherwise be excluded
- increase our contact with the local communities we serve

This policy sets out the principles and practice by which we may involve volunteers.

2. Principles

Warren County:

- recognizes that voluntary work brings benefits to volunteers themselves, to clients and to paid staff
- will ensure that volunteers are properly integrated into the organization structure and that mechanisms are in place for them to contribute to the services that Warren County provides
- will not introduce volunteers to replace paid staff
- expects that staff at all levels will work positively with volunteers and, where appropriate, will actively seek to involve them in their work
- recognizes that volunteers require satisfying work and personal development and will seek to help volunteers meet these needs, as well as providing the training for them to do their work effectively

3. Scope of volunteer policy and definition of Volunteer

Unless specifically stated, these policies apply to all volunteers in all programs and projects undertaken on or on behalf of the County, and to all departments and sites of operation of the County.

The County also accepts as volunteers those participating in student community service activities (e.g. Youth Court), student interns (See Warren County Internship Policy), alternative sentencing or diversion programs, and other similar volunteer referral programs. In each of these cases, however, a special agreement must be in effect with the organization, schools, or program from which the special case volunteers originate and must be responsible for management and care of the volunteers.

A volunteer as that word is used in this policy is anyone who, without compensation or expectation



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of compensation beyond reimbursement, performs a task at the direction of and on behalf of the County. A volunteer must be officially accepted and enrolled by the County Department prior to performance of the task. Unless specifically stated, volunteers shall not be considered as "employees" of the County.

4. Service at the discretion of the County and Volunteer

Before a Department of the County may accept the services of a volunteer, the Department Head shall request and receive approval from the County Administrator, whose approval shall be based on whether the volunteer will positively impact the work of the department and County as a whole. The County Administrator shall consider the tasks to be performed by the volunteer, staff supervision time, impact on department workload and space needs as well as overall County impacts, if any.

The County accepts the services of all volunteers with the understanding that such service is at the sole discretion of the County. Volunteers by accepting a volunteer position with the County agree that the County may at any time, for whatever reason, decide to terminate the volunteer's relationship with the County.

The volunteer may anytime, for whatever reason, decide to sever the volunteer's relationship with the County. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor. Upon separation from volunteer service, the volunteer will be offered an opportunity to meet with their Supervisor to discuss their volunteer experience and possible ways in which improvements can be made. The Department Head will send notice to the County Administrator and Clerk of the Board indicating the end date of the volunteer service so that the volunteer list can be updated and acknowledgment of the Volunteer service can occur.

5. Recruitment, screening and physical requirements

Recruitment of volunteers will generally be from all sections of the community, and will be in line with Warren County's Equal Opportunities Policy. The sole qualification for volunteer recruitment shall be suitability to perform a task on behalf of the County. Persons interested in becoming volunteers for Warren County should contact a Warren County Department. The Department Head will provide information about the Department in general and information about the specific volunteer opportunities available. If the person is still interested in becoming a volunteer the Department Head will request the person complete the "Volunteer Registration Form" (Appendix A). The Department Head will review the request, if approved by the Department Head, the Volunteer Registration Form will be forwarded to the County Administrator for Approval. If approved by the County Administrator, the volunteer will be added to the volunteer list maintained by the County Administrator's office and a Volunteer Registration Form will be returned to the Department.

In certain cases and as appropriate for the protection of clients, volunteers in certain assignments may be asked to submit to a background criminal check. Volunteers who do not agree to the background check may be refused assignment.

In cases where volunteers will be working with clients with health difficulties, a health screening procedure may be required. In addition if there are physical requirements necessary for performance of the task, health screening or testing procedures may be required to ascertain the ability of the volunteer to safely



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perform the tasks.

A volunteer is a person who offers services to Warren County, without pay, and whose offer is accepted by the Department Head on behalf of the County. Volunteers are not employees, nor are they unpaid employees.

Volunteers must be at least 16 years of age with working papers. Volunteers aged 16 to 17 are subject to pertinent labor laws. Volunteers under the age of 16, fulfilling requirements for community service, must be accompanied by a parent, guardian or teacher.

6. Introduction, Training and Support

Every volunteer will receive information from the department as to what their role is. Training appropriate to the role will be provided by the County. All volunteers will have a named person as their main point of contact.

7. Conduct

Volunteers are expected to follow rules of conduct that will protect the interest and safety of all volunteers, staff and the County. If applicable, volunteers will also be required to comply with NYS Department of Health Regulations.

Volunteers are expected to comply with the Warren County Ethics and Disclosure Law.

Each volunteer must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and will preserve and strengthen public confidence in Warren County activities. Likewise, volunteers must refrain from engaging in any activity in which personal interests conflict, potentially conflict or appear to conflict with those of Warren County. If a Department head has concerns regarding conflicts of interest they shall meet with the volunteer to review the situation and take action as appropriate.

Volunteers will be bound by the same requirement for confidentiality as paid staff. Department Heads concerned with confidentiality issues shall discuss the situation with the volunteer and take action as appropriate.

Volunteers shall refrain from providing their personal contact information to the clients that they serve.

8. Health and Safety

Warren County will take all reasonable and practicable steps to ensure the volunteers' health, safety and welfare while volunteering for Warren County. The Department supervisor will provide Volunteers with information about the County's various policies as applicable to their type of volunteer service. I.e. Warren County Plan and Program on Workplace Harassment, Workplace Violence Prevention Plan and Program, Warren County Emergency Action and Response Plans.



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Volunteers are additional insured's on Warren County's liability insurance policy while they are working within the scope of duties for the County.

The County does not carry or maintain health, medical or disability insurance for any volunteer. However, Warren County Local Law No. 4 of 2005 may provide limited assistance with the payment of medical bills incurred by Volunteers as a result of injuries sustained by reason of accidents while volunteers are working within the scope of duties.

If a volunteer is injured during the course of their services to Warren County they should immediately notify their supervisor and also complete the "Visitor, Volunteer, or Other Non-employee Incident Report form in the packet of forms under Appendix C. The volunteer should forward the completed form to their supervisor as soon as possible.

9. Volunteer Drivers

Volunteers, clients, members of volunteers family, etc. are not authorized to operate County owned vehicles, except county volunteers who hold a valid New York State driver's license and are requested by a Department Had shall be authorized to operate County owned vehicles for: 1) programs offered by Veteran's Services under Executive Law Section 358 of Veteran's Affairs; 2) programs offered to residents or persons participating in Countryside Adult Home programs whether such is directly sponsored by Countryside Adult Home; and 3) volunteers working at the Department of Social Services. All volunteers allowed to operate County vehicles with conditions set forth above must also comply with the County's Travel, Education and Vehicle Use Policy.

All volunteers that agree to drive their own personal motor vehicles or a County vehicle as part of their volunteer service will be required to complete the "Warren County Volunteer DMV release" (Appendix B) attached to this policy. Volunteering to drive will be dependent upon a satisfactory driver record. The volunteers will become part of the NYS DMV License Event Notification Service utilized by Warren County. Departments that utilize volunteer drivers should contact the Warren County Self-Insurance Department to determine if the volunteer has a satisfactory driver record prior to allowing the volunteer to drive as part of their service to the County.

All volunteers that are using their own personal automobile while volunteering for Warren County must provide their own automobile insurance at their own expense. If the volunteer should suffer a loss while volunteering for Warren County their personal automobile insurance will be the primary coverage. Volunteer will provide for towing and recovery if needed at their own expense. Volunteers involved in an accident resulting in personal injury or vehicle damage shall promptly report the incident to their supervisor and also complete the Visitor, Volunteer, or Other non-Employee Incident report form (Appendix C).

10. Expenses

Warren County will ensure that there is a clear and accessible system to enable volunteers to claim out of pocket expenses that are pre-authorized by the County Department for which they volunteer. Reimbursement forms and instructions for claiming eligible expenses will be provided by the department as applicable.



Warren County CERT Team

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11. Emergency Closings and Volunteers Inability to Perform Service

The County strives to ensure the safety of all volunteers. In the event of inclement weather or the volunteer's inability to perform services, volunteers will be responsible for contacting the volunteer department to inform their supervisor that they will not be performing their scheduled service. If the County should close, the sponsoring Department will use a previously established system to inform their volunteers of the closing.

12. Equal Opportunities

All volunteers and staff will work in accordance with Warren County's equal opportunities policy and Warren County's ADA/Section 504 Policy and will prevent discrimination on any grounds.

13. Monitoring and Recordkeeping

Each Department may evaluate an individual volunteer service as needed. In addition, County Departments should continually monitor and evaluate their use of volunteers with reference to this Volunteer Policy. Departments that find concerns with the policy should forward the concern to the Warren County Risk Management Steering Committee for review. Each Department will keep various records and forms in association with the policy on file within their department.

14. Implementation

This policy will be effective upon approval by the Warren County Board of Supervisors. All current volunteers will be advised of the new policy by their assigned supervisor. All current volunteers should complete the Volunteer Registration Form (Appendix A). All Department Heads and those supervising Volunteers will be provided with and shall comply with this policy.



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APPENDIX A

VOLUNTEER REGISTRATION FORM (Page 1 of 2)

Department Completes:

Department: _____

Volunteer Will Report to: _____

Responsibilities: _____

Anticipated Start Date: _____ Anticipated End Date: _____

Anticipated Days/Hours: _____

Volunteer Applicant Completes:

Name: _____

Address: _____

Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Can you perform the required duties with or without reasonable accommodation? Warren County is an equal opportunity/affirmative action employer. If necessary, please explain.

Have you ever been convicted of any crime that impacts the volunteer work you are applying for?

Yes ___ No ___

If yes, please explain and provide dates (Note: This will not automatically bar you from the position as each case is considered on its merits.)

Do you know any foreign language? Yes ___ No ___

Language: _____ Speak ___ Read ___ Write ___

Language: _____ Speak ___ Read ___ Write ___

References:

Name: _____ Phone: _____

Name: _____ Phone: _____



Warren County CERT Team

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Name: _____ Phone: _____

Continued next page....

Volunteer Registration Form continued (Page 2 of 2):

By signing below, the Volunteer Applicant acknowledges the following:

- Volunteer has received a copy of the Warren County Volunteer Policy and Procedure, and agrees to adhere to the standards contained therein while serving in the capacity of a Volunteer.
- Warren County does not provide compensation or financial assistance for volunteer services.
- Volunteers must conduct themselves to protect the interest and safety of all other volunteers, staff and the County.
- volunteers are an additional insured on the County's liability policy while they are within the scope of their services.
- The County does not carry health, medical, or disability insurance for any volunteer. However, very limited medical expense reimbursement may be available per Local Law No. 4 of 2005.
- Warren County does not provide automobile insurance for any volunteer utilizing a private automobile during their service
- Volunteers must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and strengthen public confidence in Warren County activities.
- The Volunteer understands that the Activities include work that may be hazardous and releases Warren County from all liability for injury, illness, death, or property damage arising out of or resulting from the Volunteer's activities.
- Volunteer acknowledges that a background check may be done and agrees to provide additional information as requested by Warren County to complete the background check.
- Volunteer's assignment or activities for Warren County may be terminated by Warren County at any time for any reason.

I authorize the release of my name and contact information for the purposes of recognition to the Clerk of the Board if requested: ___ Yes ___ No

Volunteer Applicant Signature _____ Date _____

Printed Name: _____

Legal Guardian Signature (if under 18) _____

Date _____

Volunteer Applicant date of birth (if under 18) _____

To be completed by the Department Head ~~Completes~~:

Volunteer Approved? ___ Yes ___ No

Department Head Signature: _____ Date: _____

To be Complete by the County Administrator:



Warren County CERT Team

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Volunteer Approved? ___ Yes ___ No

County Administrator Signature: _____ Date: _____

Appendix B

Warren County Volunteer DMV Release

Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance,

I (Name of Volunteer) _____

authorize Warren County to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicles.

I also authorize release of this information to Warren County and its agents.

Signature of Volunteer

Address: _____ City: _____ State _____ Zip _____

Drivers License Number _____ State _____ Date of Birth _____

Street Address & Mailing Address

City _____ State _____ Zip _____

Date signed: _____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number. It does not include information on vehicular accidents, driving violations and driver status.



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Visitor, Volunteer, or other Non-Employee

Incident Report Form

Facility Where Incident Occurred



Name of Facility: _____ Address: _____

Injured Person

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If a minor, please provide Parent or Guardian Name: _____ Phone: _____

If more than one party involved, please attach additional sheets.

Incident Details

Date of incident: _____ Time: _____ AM PM

Specific Location: (e.g., floor, room, area, etc): _____

Weather conditions: _____

Type of incident (circle one) Trip & Fall Slip & Fall Fall From Height Crime Other _____

Description of incident: _____

Description of Property Damage or Injury: _____

Photos Taken: Yes (attach) No (explain why not _____)

Witnesses: Yes No (if yes, list below, attach additional sheets if necessary)

Name(1): _____ Address: _____

Phone: _____ If County Employee, Department: _____

Name(2): _____ Address: _____

Phone: _____ If County Employee, Department: _____

Medical Attention Provided, if Any

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JUNE 16, 2021 BOARD MEETING



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RESOLUTION NO. 235 OF 2021

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Professional Medical Attention Offered or Requested: Yes No Explain: _____

First Aid Measures Applied: Yes No if Yes, by whom: _____

Ambulance Yes No Hospital: _____

Reporting Information

Above completed by: _____ Phone: _____ Date: _____ Dept: _____

Immediately send to County Attorney, fax 761-6377 or email turcottea@warrencountyny.gov and copy Self-Insurance, fax 761-6249 or email warrencountyinsurance@warrencountyny.gov.



Warren County CERT Team

Acknowledgement of Receipt

I hereby acknowledge receipt of the Community Emergency Response Team (CERT) Policy and Procedures Manual for Serve DC/ The Mayor's Office on Volunteerism.

Name: _____ (Please Print)

Signature: _____ Date: _____

CITIZENS PREPAREDNESS TRAINING

PREPARE, RESPOND, RECOVER: WHAT TO DO WHEN DISASTER STRIKES

In partnership with New York State, the American Red Cross is offering a free Citizen Preparedness Corps training session titled Prepare, Respond, Recover: What to Do When Disaster Strikes.

The training gives a comprehensive overview on how to prepare for natural and man-made disasters as well as how to respond to and recover from them.



A trained Red Cross Representative will conduct a 1-2 hour session of the Citizens Preparedness Corps training program, which covers topics including:

- Fire safety
- Severe weather preparedness
- Basic first aid
- Evacuation plans
- Emergency supply kits
- Pet safety
- Communication plans
- And more!

WHO: This training is open to all community members ages 16 and up. If you are interested in attending, please RSVP to the Warren County Office of Emergency Services at (518) 761-6490.

WHEN: Thursday, July 21st, 2022
6p – 8p

WHERE: Warren County Municipal Center
Human Services Building
1340 State Rte 9
Lake George, NY 12845
1st Floor Conference Room

To register contact Warren County Office of Emergency Services at (518) 761-6490, scan QR code, or visit <https://forms.gle/Rfy2nqDnam9TPaqk6> .

