

Criminal Justice and Public Safety Committee
Office of Emergency Services
November 20, 2023

COMMITTEE MEMBERS: GERACI, Magowan, Smith, Conover, McDevitt, Driscoll, Leggett

- I. Committee meeting called to order by Chair
- II. Approval of minutes of prior Committee Meeting
- III. Privilege of the floor and public comment
- IV. Action Agenda/New Business Items:
 1. Request: Resolution request to amend resolution 134 of 2023 AMENDING RESOLUTION NO. 46 OF 2022, AUTHORIZING SUBMISSION OF A GRANT APPLICATION TO THE NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES FOR THE FY22 HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS GRANT FOR THE LOCAL EMERGENCY PLANNING COMMITTEE (OFFICE OF EMERGENCY SERVICES), TO AUTHORIZE THE ADIRONDACK REGIONAL HAZMAT CONSORTIUM TO SUBMIT THE GRANT APPLICATION AND TO INCREASE THE NOT TO EXCEED AMOUNT. *Attachment #1*
Rationale: Resolution is needed to amend the local match to include in-kind services and cash. The Consortium will contribute a cash match if the total cannot be met through in-kind services. Any cash match would be divided into seven (7) equal shares with Warren County, as the fiduciary agent, contributing the full match amount, up to 25% of the grant award and invoicing the other six (6) participating HazMat Consortium counties for reimbursement.
 2. Request: Resolution request to approve Contingency Management Consulting Group to use a subcontractor to conduct a Commodity Flow Study for the seven-county Adirondack Regional Hazmat Consortium. *Attachment #2*
Rationale: Warren County Bid WC 17-21 RFP to Provide Assistance in Emergency Planning, Training and Exercise was awarded to Contingency Management Consulting Group (CMCG) and approved by Resolution 171 of 2021. The extension through December 31, 2024 has been fully executed. CMCG will subcontract with Emergency Management Consulting, LLC (EMC) who has extensive experience performing these studies. This project will be funded by a combination of Hazardous Materials grants and local cash or in-kind match.
 3. Request: Resolution request to amend both sides of the **2024 budget** to accommodate the FY21 Hazmat Grant Program award of \$179,800. *Attachment #3*
Rationale: Warren County applied for this grant on behalf of the Adirondack Regional HazMat Consortium which includes Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren and Washington Counties. Warren County will assume the role of Fiduciary Agent for this grant program. Resolution is needed to fund the following appropriation codes and revenue code:

A.3645.4124 260 – FY21 Hazmat Grant Program-Other Equipment	\$157,000
A.3645.4124 410 – FY21 Hazmat Grant Program-Supplies	\$ 22,800
A.3645.4124 4382 – FY21 Hazmat Grant Program-Hazmat Grant Program	\$179,800

4. Request: Resolution request to amend both sides of the **2024 budget** to accommodate the FY22 Hazmat Grant Program award of \$179,800. **Attachment #4**
Rationale: Warren County applied for this grant on behalf of the Adirondack Regional HazMat Consortium which includes Clinton, Essex, Franklin, Hamilton, St. Lawrence, Warren and Washington Counties. Warren County will assume the role of Fiduciary Agent for this grant program. Resolution is needed to fund the following appropriation codes and revenue code:
- | | |
|--|-----------|
| A.3645.4125 230 – FY22 Hazmat Grant Program-Automotive Equipment | \$ 25,000 |
| A.3645.4125 250 – FY22 Hazmat Grant Program-Technical Equipment | \$ 21,000 |
| A.3645.4125 260 – FY22 Hazmat Grant Program-Other Equipment | \$ 33,800 |
| A.3645.4125 410 – FY22 Hazmat Grant Program-Supplies | \$ 15,000 |
| A.3645.4125 422 – FY22 Hazmat Grant Program-Repair/Maint Equipment | \$ 20,000 |
| A.3645.4125 428 – FY22 Hazmat Grant Program-Data/Internet | \$ 10,000 |
| A.3645.4125 444 – FY22 Hazmat Grant Program-Travel/Training/Edu | \$ 15,000 |
| A.3645.4125 470 – FY22 Hazmat Grant Program-Contract | \$ 40,000 |
| A.3645.4125 4382 – FY22 Hazmat Grant Program-Hazmat Grant Program | \$179,800 |
5. Request: Resolution request to amend both sides of the **2024 budget** to accommodate the FY22-23 Hazardous Materials Emergency Preparedness grant in the amount of \$16,000. **Attachment #5**
Rationale: Budget amendment needed to fund the following appropriation codes and revenue code:
- | | |
|--|----------|
| A.3645.4121 410 – FY22 HazMat Emerg Preparedness-Supplies | \$ 6,400 |
| A.3645.4121 444 – FY22 HazMat Emerg Preparedness-Travel/Training | \$ 9,600 |
| A.3645.4121 4382 – FY22 HazMat Emergency Preparedness | \$16,000 |
6. Request: Request for a transfer of funds from A.3645.4119 110 FY22 LEMPG Salaries Regular to A.3645.4119 810 FY22 LEMPG Retirement in the amount of \$202.39. **Attachment #6**
Rationale: Transfer needed to correct a deficit in this G/L Account.
7. Request: Resolution request to approve updates to the Public Access Defibrillation (PAD) Program plan for Warren County. **Attachment #7**
Rationale: The PAD Program is designed to improve an individual’s chance of survival from sudden cardiac arrest. This plan provides a framework for the Program.

V. Discussion Items

VI. Referrals/Pending Items

1. The County Administrator advised he would look into whether similar blanket authorization of grant applications as provided to the Office of Emergency Services could be extended to other departments. (10.24.23)

VII. Privilege of the floor and public comment

VIII. Motion to adjourn

Attachments:

1. Resolution Request Form #20 and supporting documentation
2. Resolution Request Form #20 and supporting documentation
3. Resolution Request Form #7
4. Resolution Request Form #7
5. Resolution Request Form #7
6. Resolution Request Form #10
7. Resolution Request Form #20 and supporting documentation

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: November 20, 2023

(a) Purpose of Request:

To amend resolution 134 of 2023 to amend the local match source to include in-kind services and cash.

(b) Details:

The Consortium will contribute a cash match if the total cannot be met through in-kind services. Any cash match would be divided into seven (7) equal shares with Warren County, as the fiduciary agent, contributing the full match amount, up to 25% of the grant award and invoicing the other six (6) participating HazMat Consortium counties for reimbursement.

(c) Previous Resolution Number:

134 of 2023 and 46 of 2022

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

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

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 134 OF 2023

RESOLUTION INTRODUCED BY SUPERVISORS GERACI, MAGOWAN, SMITH, CONOVER, MCDEVITT, DRISCOLL, AND LEGGETT

AUTHORIZING SUBMISSION OF AN APPLICATION TO THE NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES FOR THE FY23 HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS GRANT FOR THE OFFICE OF EMERGENCY SERVICES

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Chair of the Board of Supervisors to execute a grant application to the New York State Division of Homeland Security and Emergency Services, 1220 Washington Avenue, State Campus, Building 7A, Albany, New York 12242, for FY23 Hazardous Materials Emergency Preparedness Grant funds in an amount not to exceed Twenty-Five Thousand Dollars (\$25,000), and a local match of not more than twenty-five percent (25%) to be paid through in-kind services, with a term to be determined, in a form approved by the County Attorney, and be it further

RESOLVED, that upon notification of the award of said grant funds, the Chair of the Board of Supervisors be, and hereby is, authorized to execute the grant agreement(s), and any and all other necessary documents relating to said agreement(s), in a form approved by the County Attorney, and be it further

RESOLVED, that if any further funding becomes available during the term of this contract, no further resolution will be necessary to accept these funds and the Chair of the Board of Supervisors is authorized to execute any documents necessary to receive the funds.

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: November 20, 2023

- (a) Purpose of Request:
Approve Contingency Management Consulting Group (CMCG) to use subcontractor, Emergency Management Consulting, LLC (EMC). CMCG was awarded the bid to provide Warren County with assistance in emergency planning, training and exercise.

- (b) Details:
CMCG will subcontract with Emergency Management Consulting, LLC (EMC) to conduct a commodity flow study for the seven-county Adirondack Regional Hazmat Consortium. EMC has extensive experience performing these studies. This project will be funded by a combination of Hazardous Materials grants and local cash or in-kind match.

- (c) Previous Resolution Number:
171 of 2021

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:
Funding is included in the FY23 Hazardous Materials Emergency Preparedness grant and FY22 HazMat Grant Program.

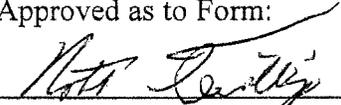
Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

CONTRACT EXTENSION BETWEEN COUNTY OF WARREN
AND CONTINGENCY MANAGEMENT CONSULTING GROUP, LLC

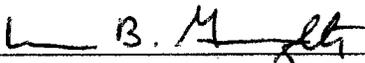
The COUNTY OF WARREN and CONTINGENCY MANAGEMENT CONSULTING GROUP, LLC hereby agree to extend their previous agreement dated May 29, 2021 and subsequent extension agreements for assistance in emergency planning, training and exercise for the Office of Emergency Services (WC 17-21) for an additional term of one (1) year commencing January 1, 2024 and terminating December 31, 2024, upon the same terms and conditions set forth in the agreement, which terms and conditions are expressly incorporated herein.

Approved as to Form:


Assistant Warren County Attorney

Date: September 19, 2023

COUNTY OF WARREN

By: 
KEVIN B. GERAGHTY, CHAIRMAN
Board of Supervisors

Date: 9/19/23

CONTINGENCY MANAGEMENT CONSULTING GROUP, LLC

By: 

Print Name: Robert Bradshaw

Title: Managing Partner

Date: September 19, 2023

Warren County Board of Supervisors

RESOLUTION NO. 171 OF 2021

RESOLUTION INTRODUCED BY SUPERVISORS DIAMOND, MAGOWAN, BRAYMER, FRASIER AND SHEPLER

ACCEPTING PROPOSAL AND AUTHORIZING AGREEMENT WITH CONTINGENCY MANAGEMENT CONSULTING GROUP, LLC TO PROVIDE WARREN COUNTY WITH ASSISTANCE IN EMERGENCY PLANNING, TRAINING AND EXERCISE (WC 17-21) FOR THE OFFICE OF EMERGENCY SERVICES

WHEREAS, the Purchasing Agent requested bids to provide Warren County with Assistance in Emergency Planning, Training and Exercise (WC 17-21) for the Office of Emergency Services, and

WHEREAS, the Director of the Office of Emergency Services has recommended that Warren County award the agreement to Contingency Management Consulting Group, LLC, now, therefore, be it

RESOLVED, that the Warren County Purchasing Agent be, and hereby is, authorized and directed to notify Contingency Management Consulting Group, LLC of the acceptance of its proposal, and be it further

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Chair of the Board of Supervisors to execute an agreement with Contingency Management Consulting Group, LLC, to provide the Warren County Office of Emergency Services with Assistance in Emergency Planning, Training and Exercise, pursuant to the terms and provisions of the bid documents and proposal (WC 17-21), for a term commencing June 19, 2021 and terminating December 31, 2021, with the option for four (4) additional one (1) year terms upon mutual agreement of the parties, in a form approved by the County Attorney, and be it further

RESOLVED, that the cost of this contract shall be funded from various Office of Emergency Services budget codes.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Office of Emergency Services

DATE: November 20, 2023

(a) **Purpose of Amendment: Increase both sides of the 2024 budget to accommodate FY21 Hazmat Grant Program award.**

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

A.3645.4124 260 – FY21 Hazmat Grant Program-Other Equipment	\$157,000
A.3645.4124 410 – FY21 Hazmat Grant Program-Supplies	\$ 22,800

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

A.3645.4124 4382 – FY21 Hazmat Grant Program-Hazmat Grant Program	\$179,800
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RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Office of Emergency Services

DATE: November 20, 2023

(a) **Purpose of Amendment: Increase both sides of the 2024 budget to accommodate FY22 Hazmat Grant Program award.**

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

A.3645.4125 230 – FY22 Hazmat Grant Program-Automotive Equipment	\$ 25,000
A.3645.4125 250 – FY22 Hazmat Grant Program-Technical Equipment	\$ 21,000
A.3645.4125 260 – FY22 Hazmat Grant Program-Other Equipment	\$ 33,800
A.3645.4125 410 – FY22 Hazmat Grant Program-Supplies	\$ 15,000
A.3645.4125 422 – FY22 Hazmat Grant Program-Repair/Maint Equipment	\$ 20,000
A.3645.4125 428 – FY22 Hazmat Grant Program-Data/Internet	\$ 10,000
A.3645.4125 444 – FY22 Hazmat Grant Program-Travel/Training/Edu	\$ 15,000
A.3645.4125 470 – FY22 Hazmat Grant Program-Contract	\$ 40,000

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

A.3645.4125 4382 – FY22 Hazmat Grant Program-Hazmat Grant Program	\$179,800
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RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

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

DEPARTMENT NAME: Office of Emergency Services

DATE: November 20, 2023

(a) **Purpose of Amendment: Increase both sides of the 2024 budget to accommodate the FY22-23 Hazardous Materials Emergency Preparedness Grant.**

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

A.3645.4121 410 – FY22 HazMat Emerg Preparedness-Supplies	\$ 6,400
A.3645.4121 444 – FY22 HazMat Emerg Preparedness-Travel/Training	\$ 9,600

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

A.3645.4121 4382 – FY22 HazMat Emergency Preparedness	\$16,000
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RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: AMANDA ALLEN, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

DEPARTMENT NAME: Office of Emergency Services

SIGNED:

DATE: November 20, 2023

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.3645.4119 110	FY22 LEMPG - Salaries Regular	A.3645.4119 810	FY22 LEMPG - Retirement	\$202.39

Please state reason for transfers requested:

Transfer needed to cover a budget deficit in G/L Account A.3645.4119 FY22 LEMPG

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

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

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: November 20, 2023

- (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:
392 of 2022

- (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 Board of Supervisors

RESOLUTION No. 392 OF 2022

RESOLUTION INTRODUCED BY SUPERVISORS GERACI, BRAYMER, SEEBER, DICKINSON, DRISCOLL, MCDEVITT AND DIAMOND

ADOPTING THE OFFICE OF EMERGENCY SERVICES PUBLIC ACCESS DEFIBRILLATION PROGRAM PLAN

WHEREAS, the Director of Office of Emergency Services presented to the Criminal Justice & Public Safety Committee the Office of Emergency Services Public Access Defibrillation Program Plan, and

WHEREAS, the Criminal Justice & Public Safety Committee has reviewed the plan and has recommended that the same be advanced to the full Board of Supervisors for consideration, now, therefore, be it

RESOLVED, that the Office of Emergency Services Public Access Defibrillation Program Plan annexed hereto, be and the same hereby is, adopted as the official Plan for Warren County.

Warren County Office of Emergency Services



Public Access Defibrillation Program

November 2023

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 ASPD (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.

DOCUMENTATION AND QUALITY IMPROVEMENT:

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

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

All incidents involving the use of the AED shall be reviewed by the Entity Providing PAD'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:

Entity Providing PAD 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 *Appropriate Training Program* 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:

Gary Scidmore 5/7/12
(Print) Entity Providing PAD President / CEO / Director of Operations Date

Gary Scidmore 5/7/12
(Sign) Entity Providing PAD President / CEO / Director of Operations Date

Douglas Girling 2/13/12
(Print) Medical Director / EHCP Representative Date

[Signature] 2/13/12
(Sign) Medical Director / EHCP Representative Date

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. Gurling 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 Gurling	Signature <i>Douglas Gurling</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