

Warren County Health Services
 Health Services Committee
 AGENDA FOR
 March 2, 2020
 Information Submitted By: Ginelle Jones, DPH/DPS

Health Services Committee Members: Peter McDevitt, Douglas Beaty, Ronald Conover, Daniel Bruno, Edna Frasier, Brad Magowan, and Susan Shepler,

Committee meeting called to order by Chairperson

Motion to approve the minutes of the January 21, 2020 Committee meeting.

I. Action Agenda/New Business

Request Resolution:	To request approval to submit application to 2020 Adirondack Rural Health Network (ARHN) Prevention Agenda Project Application and receive funding not to exceed \$5000 to increase access to healthy foods. (Attachment #6)
Rationale:	Health Services has the opportunity to apply for funding to promote access to healthy foods. This project proposal provides an opportunity to work with the Open Door Mission and Cornell Cooperative Extension to build a Community Garden. Individuals using the shelter will not only have access to fresh grown foods, but will also have the opportunity to learn gardening skills.

Request Resolution:	To amend contract with Glens Falls Animal Hospital to increase veterinarian rate to \$75/hr (previously \$60/hr) and animal handler rate to \$35/hr (Previously \$25/hr), starting February 1, 2020. (Attachment #8)
Rationale:	There has not been a rate increase in over 15 years while staffing expenses have increased. Veterinarians and animal handlers staff Warren County's Rabies clinics. Expenses are reimbursable through clinic donations, NYSDOH Rabies Grant, and NYSDOH State Aid (36%).

Request Resolution:	To approve filling full time WIC Assistant Position. The position is vacant as of February 26, 2020, due to resignation. The position is Grade 5 and the salary is \$30, 520. (Attachment # 13)
Rationale:	This WIC position is needed by the department and is 100% reimbursable by the WIC Grant.

Request Resolution:	To enter \$1 lease agreement with Hudson Headwaters Health Network (Warrensburg Health Center) to provide space for Public Health's monthly Warrensburg WIC Clinic. (Attachment #14)
Rationale:	This will make the WIC clinic more convenient to participants in addition to strengthening collaboration with Public Health and HHHN providers.

Request Resolution:	To amend resolutions 307 of 2013 and 454 of 2015 to exempt Warren County retired/retiring and /or resigning nurses and allow Director of Public Health and Patient Services to pay those desiring to return to the Health Services Department in a Per Diem capacity, up to the grade and step at retirement/resignation, effective January 1, 2020. (Attachment #15)
Rationale:	Per Diem nurses are an important resource to Health Services, assisting in patient coverage and clinics. Currently when a nurse retires or resigns and continues in per diem capacity, their pay rate is cut back to the salary for grade and step 5. In all cases this is a decrease in pay rate. This will help the agency with retention of trained staff without penalizing staff by decreased pay rate for doing the same work. The weekend and holiday rates will remain without change.

Request Resolution:	To amend 2020 budget to receive Adirondack Health Institute (AHI) funding of \$1000. (Attachment #7)
Rationale:	Tawn Driscoll, Fiscal Manager will be at the meeting to discuss.

Referral/Pending Items

There are no pending items at this time.

II. Information for Discussion/Review

Report of Expenditures, Revenues, Overtime and Per Diem Use for 2020

Please see **Attachment #1**.

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

Revenue and Expense Comparison Report for 2019 vs 2020

Please see **Attachment #2**.

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

Status of Referrals

Please see **Attachment #3** for the detailed report. Valerie Whisenant, Assistant Director of Patient Services, will provide comments at the meeting.

Emergency Response and Preparedness

Please see **Attachment #4** for the report.

Rabies Report:

Please see **Attachment #5** for the report.

Meeting Authorizations:

Jamie Martin, part time Nutrition Facilitator, will be attending Certified Lactation Counselor Training in Schenectady from March 30, 2020-April 3, 2020, which is reimbursed 100% by the NYSDOH WIC Grant. (Attachment #9)
Two WIC staff (To be determined) will attend the Annual WIC Meeting in Niagara Falls from April 19, 2020-April 22, 2020. The cost of the conference is \$990 (\$495/person) in addition to travel and lodging expenses. All expenses are 100% reimbursed with the NYSDOH WIC Grant. (Attachment #10)
Ginelle Jones, Director of Public Health and Patient Services is attending the NYS Public Health Association Conference in Niagara Falls from April 29, 2020-May 1, 2020, which is included with NYSACHO dues. (Attachment #11)
Tawn Driscoll, Valerie Whisenant, and Tara Cote will be attending HCA's Signature Financial Managers' Summit in Troy on March 12, 2020. The cost is \$447 (\$149/person). Funding is budgeted within the CHHA (Attachment #12)

III. **Privilege of the floor to discuss any additional items to come before Committee**

IV. **Motion to adjourn the Health Services Meeting**

Attachments:

1. Report of Expenditures, Revenues, Overtime and Per Diem Use
2. Revenue and Expense Comparison Report for 2018 vs 2019
3. Report of Referrals Status
4. Emergency Response and Preparedness Activities Report
5. Rabies Report
6. Resolution Request to Submit/Receive Funding from AHI
7. Resolution Request to Amend 2020 Budget to Receive AHI Funding
8. Resolution Request to Amend GFAH Contract
9. Authorization to Attend a Meeting: WIC CLC Training
10. Authorization to Attend a Meeting: WIC Annual Meeting
11. Authorization to Attend a Meeting: NYSPHA Meeting
12. Authorization to Attend a Meeting: HCA Signature Financial Managers' Summit
13. Intent to Fill Form- WIC Assistant
14. Resolution Request to Enter Lease Agreement with HHHN
15. Resolution Request Per Diem Nurse rate

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2020 AS OF 2/16/2020 6:21:17 PM

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

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

EXPENSES	2020 BUDGETED	2020 YTD ACTUAL	2019 Prior Year Totals
Salaries - Regular	\$2,595,419.00	\$212,061.62	\$2,336,500.49
Salaries - Overtime	\$132,000.00	\$9,134.49	\$134,008.56
Salaries - Part Time	\$504,105.00	\$28,318.58	\$381,165.43
100's PERSONAL SERVICES	\$3,231,524.00	\$249,514.69	\$2,851,674.48
200's EQUIPMENT	\$4,700.00	\$0.00	\$67,509.57
400's CONTRACTUAL	\$6,293,205.00	\$246,301.31	\$5,384,374.77
800's EMPLOYEE BENEFITS	\$1,463,972.00	\$169,433.16	\$1,343,185.24
TOTALS	\$10,993,401.00	\$665,249.16	\$9,646,744.06

REVENUES	2020 BUDGETED	2020 YTD ACTUAL	2019 Prior Year Totals
	\$8,606,363.00	\$187,370.93	\$5,836,938.59

Note: Accrued above are the following grant revenues for 2019, BT \$8,565, CHSCN \$5,340, IAP \$6,935, Lead \$5,626 and EI \$6,854. We are still closing 2019 year end. Also, accrued for 2020 are the January 2020 revenues for CHHA of \$187,007.38

Warren County Health Services

Salaries Comparison

2020 v 2019

as of 2/15/20 Year to date Payroll and 2/12/19

Total of All Depts	YTD	YTD	YTD 20v19	% Change	Total Budget	Total Actual
	2020	2019			2020	2019
Regular Salaries	\$212,061.62	\$206,970.38	\$5,091.24	2.46%	\$2,595,419.00	\$2,336,500.49
Overtime Salaries	\$9,134.49	\$14,502.41	(\$5,367.92)	-37.01%	\$132,000.00	\$134,008.56
Part Time Salaries	\$28,318.58	\$38,393.63	(\$10,075.05)	-26.24%	\$504,105.00	\$381,165.43
TOTALS	\$249,514.69	\$259,866.42	(\$10,351.73)	-3.98%	\$3,231,524.00	\$2,851,674.48
% current YTD Salary to Total Budget	7.72%	9.11%				

*Source: Detail G/L report for all Salary Category from 1/1/20-2/15/20.

Overall, total salaries are \$10,351.73 or 3.98% under 2019 Salaries . Regular salaries are over due to yearly increases while Overtime and Part time salaries are under 2019 totals.

Salaries are currently 7.72% of the 2020 budget where last year at this time they were 9.11% of the total for the year.

**Warren County Health Services
Revenue and Expense Comparison 2020 vs 2019
as of 2/16/20**

EXPENSES	2020 YTD Actual as of 2/15/20 G/L	2019 YTD as of 2/12/19 G/L Final	Variance
Salaries - Regular	\$212,061.62	\$206,970.38	\$5,091.24
Salaries - Overtime	\$9,134.49	\$14,502.41	(\$5,367.92)
Salaries - Part Time	\$28,318.58	\$38,393.63	(\$10,075.05)
100's PERSONAL SERVICES	\$249,514.69	\$259,866.42	(\$10,351.73)
200's EQUIPMENT	\$0.00	\$2,199.92	(\$2,199.92)
400's CONTRACTUAL	\$246,301.31	\$84,565.11	\$161,736.20
800's EMPLOYEE BENEFITS	\$169,433.16	\$168,360.54	\$1,072.62
TOTALS	\$665,249.16	\$514,991.99	\$150,257.17

REVENUES	2019 YTD ACTUAL	2018 Prior YTD	Variance
	\$187,370.93	\$3,526.77	\$183,844.16

*Note: Payroll for 2020 reflect figures taken before the 2/16/20 payroll posted. Comparison is with last years Board meeting as of 2/12/19 financials

Comments:

Salaries: (please see previous page) overall are \$10,351.73 or 3.98% below 2019 as of the 2/2/20 payroll posting date. Salaries for 2020 are 7.72% of the budget YTD where they were 9.11% of the 2019 budget as of last year.

Equipment reflects at this time no purchases for 2020. In 2019 the purchase of tents needed for Emergency Preparedness were reflected and fully covered by the BT Grant.

Contractual Expenses: These are higher in 2020 due Rent expense of \$119,747 which is reflected while they wer not yet paid in 2019 at this time.

Employee Benefits: Employee benefits at this time are consistant to 2019 expenses

Revenues: Revenues for 2020 reflect the January CHHA accrual of \$187,008.38 while last year at this time we had not yet closed January.

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

CATEGORY	01/2018	02/2018	03/2018	04/2018	05/2018	06/2018	07/2018	08/2018	09/2018	10/2018	11/2018	12/2018	
SN Referral	112	88	97	95	115	123	86	134	122	126	83	96	
SN IV Referral	2	8	5	4	7	7	1 0**		0**	0**	0**	0**	
PRI	3	3	3	1	2	0	2	5	1	1	1	0	
SN Referrals per month	117	99	105	100	124	130	89	139	123	127	84	96	
PT Referral	70	57	63	61	74	59	61	79	57	71	62	60	
PT only	19	18	17	19	16	20	6	18	15	22	21	11	
Total Referrals per month	136	117	122	119	140	150	95	157	138	149	105	107	1535

CATEGORY	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019	
SN Referral	119	97	89	88	104	83	74	94	93	91	81	92	
PRI	0	2	4	0	1	0	1	2	2	2	1	1	
SN Referrals per month	119	99	93	88	105	83	75	96	95	93	82	93	
PT Referral	65	48	54	48	61	51	47	55	54	51	57	55	
PT only	13	5	8	12	14	12	10	11	14	10	11	8	
Total Referrals per month	132	104	101	100	119	95	85	107	109	103	93	101	1249
	-4	-13	-21	-19	-21	-55	-10	-50	-29	-46	-12	-6	

RE-VISITS	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019
SN Re-visits							826	789	768	840	685	656
LPN Re-visits							110	132	104	94	90	89
PT Re-visits							318	261	308	357	292	310
OT Re-visits							65	58	51	70	85	77
Speech Re-visits							1	21	12	9	5	6
Total Re-visits per month							1320	1261	1243	1370	1157	1138

Attachment 3

Numbers current as of 2/13/2020

**Warren County Health Services
Patient Served by Town
CHHA Division**

Town	01/2019	02/2019	03/2019	04/2019	05/2019	06/2019	07/2019	08/2019	09/2019	10/2019	11/2019	12/2019
Adirondack	4	3	2	2	3	2	3	2	3	3	1	1
Athol	3	4	5	1	2	1	3	3	3	3	2	1
Bakers Mills	2	2	2	2	3	4	4	1	1	1	1	1
Bolton Landing	5	4	3	6	12	12	6	4	5	7	5	7
Brant Lake	6	4	4	4	5	4	6	6	5	5	4	7
Chestertown	17	10	15	13	13	10	9	6	5	9	10	6
Cleverdale	1	0	0	0	1	1	1	2	2	2	2	1
Diamond Point	3	3	4	4	2	3	4	4	5	1	3	4
Glens Falls	48	47	54	45	56	54	51	42	51	49	53	59
Hague	4	4	5	3	1	2	2	1	1	2	1	1
Johnsburg	6	6	6	4	5	4	3	3	3	3	3	3
Kattskill Bay	0	1	1	0	0	1	1	1	2	2	2	1
Lake George	21	18	18	23	28	23	20	20	18	18	17	13
Lake Luzerne	12	14	16	14	17	15	12	8	10	10	12	15
North Creek	12	11	8	8	9	9	7	5	3	3	3	2
North River	3	1	2	0	0	0	0	0	0	0	0	1
Olmstedville	0	0	0	0	0	1	1	1	1	1	1	1
Pottersville	4	4	5	6	6	7	6	7	9	10	8	8
Queensbury	120	105	116	103	98	96	97	111	101	104	100	102
Riparius	0	0	0	0	0	0	0	0	0	0	0	0
Silver Bay	0	0	1	0	0	0	0	0	0	0	0	0
Stony Creek	1	1	2	2	4	3	2	0	0	3	1	3
Warrensburg	27	26	24	25	29	24	22	26	25	27	23	15
Wevertown	3	4	5	6	4	2	3	3	2	1	1	1
Total	302	272	298	271	298	278	263	256	255	264	253	253

ATTACHMENT #1
BT ACTIVITY SHEET
BP1 (new) - 7/1/19 - 6/30/20

Page 1

Topic Color Codes

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

1/21	Conference Call	Corona virus Update – 1 st US Case Reported	Ginelle Jones Pat Belden	Preparedness
1/23	Conference Call	Coronavirus Update Call w/ NYSDOH	Ginelle Jones, Pat Belden	Preparedness
1/24	Conference Call	Coronavirus Updates for Colleges & Universities	Ginelle Jones, Pat Belden	Preparedness
1/28	Webinar	Cornavirus Update for Health Departments	Ginelle Jones, Pat Belden	Preparedness
1/30	Conference Call	Update on Repatriation Of Individuals on a flight arriving from China	Pat Belden, Dan Durkee, J'nelle Oxford	Preparedness
1/30	In-Person	Coronavirus Informational Seminar South End DPW Staff	Dan Durkee	Education
1/31	Conference Call/Webinar	1. COCA call re 2019 Coronavirus 2. Interim Guidance for Physicians	Ginelle Jones Pat Belden	Preparedness
2/1 & 2/2	Conference Calls	NYSDOH Commissioner's Calls re 2019 Coronavirus	Ginelle Jones Pat Belden	Preparedness
2/3	Conference Calls/Webinars	Coronavirus 1. White House National Briefing 2. NYSDOH & LHD 3. CDC 4. NYSDOH update for providers	Ginelle Jones Pat Belden	Preparedness
2/4	Online	Inter Operable Communications Drill	J'nelle Oxford, Pat Belden, Ginelle Jones	Drill
2/4	Meeting	County Attorney Guidance and Review of current Voluntary and Involuntary Isolation and Quarantine Procedures	Ginelle Jones Ryan Dickey	Planning
2/5	Meeting	Provided Consultation on Respiratory Protection Plan and N-95 Fit Testing for Health Care Provider Organization	Ginelle Jones	Preparedness
2/5 - 2/7	In Person	Fit testing for Homecare Nurses	J'nelle Oxford	Preparedness

ATTACHMENT #1
BT ACTIVITY SHEET
BP1 (new) - 7/1/19 - 6/30/20

Page 2

Topic Color Codes

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

2/6	Training	Provided Training to Health Care Provider Organization contact on Respiratory Fit Testing	J'nelle Oxford	Preparedness
2/6	Webinar	Coronavirus: Legal Guidance with regard to Isolation and Quarantine.	Ginelle Jones J'nelle Oxford	Preparedness
2/6	Webinar	NYSACHO 2019 Coronavirus	Ginelle Jones Pat Belden	Preparedness
2/7	Webinar	Elem/High School Coronavirus Guidance *Information forwarded to school nurses	Ginelle Jones Pat Belden	Preparedness
2/9	Conference Call	Commissioners Call Corona virus Updates NYSDOH	Ginelle Jones, Pat Belden	Preparedness
2/11	In Person	Regional EPR Coordinators Meeting Ballston Spa	Dan Durkee, Donald Stack	Planning
2/11	Conference Call	Healthcare Provider Novel Coronavirus 2019-nCoV Key Update and Q&A Session	Ginelle Jones, Pat Belden	Preparedness
2/11	Email	Coronavirus Daycare Resources were forwarded to Daycare organization for distribution to providers	Dan Durkee	Preparedness
2/13	Meeting	Emergency Preparedness Staff Tracking of Coronavirus Preparedness Activities/Time and Effort	Ginelle Jones Pat Belden J'nelle Oxford Don Stack Jignasha Shah Tawn Driscoll Dan Durkee	Planning
2/19	Webinar	ClinOps – Topic TBD	Donald Stack, J'nelle Oxford	Planning
2/20	In Person	County Emergency Preparedness Assessment Update	J'nelle Oxford	Planning
2/20	Conference Call	NYSDOH Health Provider Call	Ginelle Jones Pat Belden Dan Durkee J'nelle Oxford Jignasha Shah	Planning
2/24	Conference Call	NYSDOH LHD Coronavirus Call	Ginelle Jones Pat Belden	Planning

ATTACHMENT #1
BT ACTIVITY SHEET
BP1 (new) - 7/1/19 - 6/30/20

Page 3

Topic Color Codes

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

2/25	Meeting	Health Services Administrative Team- Coronavirus	Ginelle Jones Pat Belden Tawn Driscoll Val Whisenant Jodi Brynes Robin McLaughlin	Planning
2/26	Meeting	Medical Director- Infectious Diseases- Coronavirus	Ginelle Jones Pat Belden Dr. Richard leach	Planning
2/26	Conference Call	Border Control/Immigration- Coronavirus	Ginelle Jones Pat Belden	Planning
2/26	Meeting	County Planning Team- Corona virus Readiness (Adding Sheriff and DSS Commissioner to Panning Team)	Ginelle Jones Ryan Moore Brian LaFlure Tammie Delorenzo	Planning
2/27	Conference Call	NYSDOH Health Care Providers- Coronavirus	Ginelle Jones Pat Belden Dan Durkee J'nelle Oxford Don Stack Jignasha Shah Tammie Delorenzo	Planning
2/27	Blast Fax/Email	Notification to Hospital/Urgent Care/ Healthcare Providers Notification to Medical Directors Notification to First Responders CDC Update PUI Criteria	Ginelle Jones Pat Belden	Planning
2/28	Phone Meeting	Court- Involuntary Quarantine Orders	Ginelle Jones Ryan Dickey Judge Robert Mueller	Planning

Warren County Public Health Rabies Program January 2020

Town	Different Address Owner/Victim <small>* follow up by Town ACO</small>				Same Address Owner/Victim <small>* follow up by Public Health</small>				Out of Town Owner <small>*Follow Up by Public Health</small>				Strays Follow Up by Public Health <ul style="list-style-type: none"> • Vet's Office • Victim Watching • Victim Treated Rabies PEP • Euthanized Follow Up by ACO Animal needs to be captured and taken to Animal Hospital. Public Health to check after confinement					
	Cats		Dogs		Cats		Dogs		Cats		Dogs		Vet	Victim Watched	Treated with PEP	Refused PEP	Euthanized	ACO Capture
	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD	UTD	NOT UTD						
Bolton																		
Chester				1														
Glens Falls			1	1		1	1											
Hague																		
Horicon																		
Johnsburg																		
Lake George																		
Lake Luzerne								1									1	
Queensbury			2		1	1	1											
Stony Creek																		
Thurman																		
Warrensburg												1						
Totals			3	2	1	2	2	1				1					1	

*UTD- up to date

Total Bites for Month- 13

Rabies Clinics:

2/29/2020 10-12N Queensbury Community Center
 3/04/2020 10-12N Warren County DPW

RESOLUTION REQUEST FORM NO. 5

Request to Apply for a Grant Application and Grant Agreement

DEPARTMENT NAME: A. Health Services

DATE: March 2, 2020

- (a) Purpose of Grant: **To request approval to submit application to 2020 Adirondack Rural Health Network (ARHN) Prevention Agenda Project Application and receive funding not to exceed \$5000 to increase access to healthy foods.**
- (b) Name of Grantor: **Adirondack Health Institute**
- (c) Address of Contractor: **101 Ridge St, Glens Falls, Ny 12801**
- (d) Grantor's Contact Person and Telephone Number:
Sarah Deukmejian 518-480-0111 x 317; sdeukmejian@ahihealth.org
- (e) Has or Will the Grant Application or Grant Agreement be provided, if so, Please Attach? **yes**
- (f) Effective Date of Grant:
- (g) Termination Date of Grant: **When work is completed and report is submitted**
- (h) Total Dollar Amount Involved (not to exceed): **\$5000**
- (i) Deadline to Submit Grant Application and/or Grant Agreement:
February 28, 2020
- (j) Is a Budget amendment required? **Yes** If yes, also complete and submit Form No. 7.
- (k) Are the funds to go into a Capital Project or Capital Reserve Project? If yes, also complete and submit Form No. 8 or Form No. 9, as applicable.
- (i) Is a Local Share Required? **No** If Yes, Where are the Funds? List Budget Code, Object Code, Full Title* and Amount **OR** Capital Project **OR** Capital Reserve Project Number and Title and Amount:
 - (ii) **Health Education Revenue A.4018.0040.1617 \$1000**
 - (iii) **Health Education SupplyExpenses A.4018.0040.410 \$1000**

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

*as listed in budget and LOGOS



Adirondack Health Institute

2020 ARHN PREVENTION AGENDA PROJECT APPLICATION

The purpose of this funding opportunity is to support Prevention Agenda Projects that address health inequities in New York State, as outlined in the New York State Department of Health's (NYSDOH) Prevention Agenda 2019-2024. To qualify for this opportunity, one must be a hospital or public health department who is a current member of the ARHN Community Health Assessment (CHA) Committee and located within one of the following counties: Clinton, Essex, Franklin, Fulton, Hamilton, Warren, or Washington. If applicable, a single project can span multiple counties listed above. Funding up to \$1,000 can be requested.

Only one request per county will be granted; collaboration between partners is strongly encouraged. Applications must not exceed two pages in length. The application is due by February 28, 2020. Email the completed application to Sara Deukmejian at sdeukmejian@ahihealth.org. For questions, please call (518) 480-0111 ext. 317 or email the address above.

*Once applications are returned to AHI, they will then be sent on to DOH for final approval.

ORGANIZATION(S): Warren County Public Health

CONTACT NAME AND TITLE: Dan Durkee, Senior Health Educator

CONTACT EMAIL: durkeed@warrencountyny.gov

NYS PREVENTION AGENDA PRIORITY/FOCUS AREA: Increasing Access to Health Foods

SUMMARY: (Please provide a summary on the planned outcome/outputs of the project.)

Warren County Public Health is proposing to work with the Open Door Mission which serves the homeless population in Warren County to build a Community Garden at the homeless shelter. The community garden would be maintained by staff and individuals that utilize the shelter. Cornell Cooperative Extension's Master Gardner's Program would provide education to Open Door Staff and the homeless individuals about the basics of gardening. The learned skills could then benefit the homeless population once they leave the shelter.

The produce that will be grown will be used to supplement the food purchased to feed the homeless by Open Door Mission. The homeless population that utilizes the Open Door Mission will also benefit by having access to fresh produce that might otherwise not be available.

The Community Garden would be able to be utilized year after year and would take minimal investment to maintain once established. This investment could be achieved through donations of items like seed and soil.

BUDGET: (Projects have a maximum budget of \$1,000. Please give a high-level overview of costs below.)

Garden Building Materials: \$550

Soil: \$250.00

Garden Tools: Shovel, Rake, Spade, Gloves etc. \$150.00

Seed: \$50.00

Labor: In-Kind from volunteers that work with Open Door Mission

*All projects must be based on new concepts/activities that will directly support your organization's Community Health Improvement Plan/Community Service Plan, thereby advancing NYS Prevention Agenda Priority Areas.

Jones, Ginelle

From: Deukmejian, Sara <sdeukmejian@ahihealth.org>
Sent: Friday, January 24, 2020 2:14 PM
To: acraig@fultoncountyny.gov; Angela Stuart Palmer (apalmer@fultoncountyny.gov); Annette Marshall; awhisher@ech.org; Barbara Taylor; ctraver@glensfallshosp.org; Cheryl McGrattan; Durkee, Dan; Dan Hill; Debra D. Good; Erica Mahoney (erica.mahoney.hcphns@frontier.com); Jones, Ginelle; Gregory E. Freeman; Heather Reynolds; Heidi Bailey (hbailey@adirondackhealth.org); Jessica DarneyBuehler; Oxford, J'nelle; John Kanoza; Julie Tromblee; Kaitlyn Tentis; Kathy McIntyre; Katie Strack; Laurel Headwell; Linda Beers (linda.beers@essexcountyny.gov); Mandy Snay; Patty Hunt (phunt@washingtoncountyny.gov); Sarah Granquist; Susan Allott (susan.allott@essexcountyny.gov); Tammy Merendo
Cc: Shaler, Courtney; Paeglow, Theresa; Gildersleeve, Nancy
Subject: *2020 Prevention Agenda Project Applications Attached
Attachments: 2020 Prevention Agenda Project Application Fillable PDF.pdf

***UPDATED:** For some reason, the application did not show up in the emails being received. Please find it attached to this email!

Good Afternoon,

The **2020 ARHN Prevention Agenda Projects** application is attached. The purpose of this funding opportunity is to support Prevention Agenda Projects that address health inequities in New York State, as outlined in the New York State Department of Health's (NYSDOH) Prevention Agenda 2019-2024.

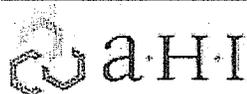
To qualify for this opportunity, one must be a hospital or public health department who is a current member of the ARHN Community Health Assessment (CHA) Committee and located within one of the following counties: Clinton, Essex, Franklin, Fulton, Hamilton, Warren, or Washington. If applicable, a single project can span multiple counties listed above. Funding up to \$1,000 can be requested. Only one request per county will be granted and collaboration between partners is strongly encouraged. Applications must not exceed two pages in length and are due by **February 28, 2020**. Once applications are received, they will be pushed out to DOH for approval.

Please feel free to reach out with any questions!

Kind Regards,

Sara

Sara Deukmejian
ARHN Coordinator
Adirondack Health Institute
101 Ridge Street, Glens Falls, NY 12801
(518) 480-0111 x317
sdeukmejian@ahihealth.org



Building a healthy future www.ahihealth.org



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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: Health Services

DATE: March 2, 2020

- (a) Purpose of Amendment: **To accept Adirondack Health Institute funding of \$1000 for 2020 Adirondack Rural Health network Prevention Agenda Project to Increase Access to Healthy Foods**

- (b) Appropriation Code, Object Code, Full Title and Amount: **A.4018.0040.410 Health Education Supply Expenses \$1000**

- (c) Revenue Code (with title), and Amount: **A. 4018.0040.1617 Health Education Revenue; \$1000**

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Health Services

DATE: March 2, 2020

- (a) Purpose of Contract Change: **To increase veterinarian rate to \$75/hr and the animal handler rate to \$35/hr**
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: **83 of 2004; 143 of 2008; 507 of 2016**
- (c) Name of Contractor: **Glens Falls Animal Hospital**
- (d) Address of Contractor: **66 Glenwood Ave; Queensbury, NY 12845**
- (e) Contractor's Contact Person and Telephone Number:
H. John O'Connor 518-792-6575
- (f) Commencement Date of Extension: **2/1/2020**
- (g) Termination Date of Extension: **Upon 30 days termination notice by either party**
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
Vet \$75/hr & Animal Handler \$35/hr
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, and Title, and Amount: Disease Program Medical Expense A.4018.0030.435**

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

*as listed in budget and LOGOS

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Services (Supervisory Committee) hereby authorizes Jamie Martin (Employee Name)

to attend Certified Lactation Counselor Training (Name of meeting or organization)

at 600 McClellan St, Schenectady, NY 12304 (Address) on March 30, 2020- April 3, 2020 (Dates)

Meeting/Convention Cost: \$745.00 Mode of transportation to be used: County Vehicle
(County Vehicle or Mass Transportation)

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

\$625 Class, \$120 Test, \$80 lunch (5 meals @ GSA rate of \$16/day), ~\$75 gas (90miles/dayx5days)

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 900.00
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 16.00 Budget Code: A.4013.444
* www.gsa.gov

Date: 2/17/2020

Gene M. Jones

Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Services (Supervisory Committee) hereby authorizes 2 WIC Staff (TBD) (Employee Name)

to attend NYS WIC Annual Conference (Name of meeting or organization)

at Conference and Event Center; 1010 Old Falls St, Niagara Falls, NY 14303 (Address) on April 19, 2020-April 22, 2020 (Dates)

Meeting/Convention Cost: \$990 (\$495/person x2) Mode of transportation to be used: WIC County Car (County Vehicle or Mass Transportation)

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

Conf (\$990); 8 Dinners (\$184/ \$23/dinner x 4 nights x 2 ppl; Hotel (\$576/\$96/night x3 nights x 2 ppl)
Parking \$60 (\$20/day x 3) ; Gas \$50 (estimated) ; Tolls \$24 (estimated)
Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 1884 (travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ 96/night Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ 23/person for dinner Budget Code: A.4013.444
* www.gsa.gov

Date: 2/18/2020

Genevieve Jones DPH/DPS
Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle. REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

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

to attend NYSPHA Public Health Partnership Conference: Food Water Air Protecting Where We Live Work and Play (Name of meeting or organization)

at 101 Old Falls St; Niagara Falls, NY 14303/ Hotel 300 3rd St; Niagara Falls, NY 14303 (Address) on April 29, 2020- May 1, 2020 (Dates)

Meeting/Convention Cost: \$0- NYSACHO DUES Mode of transportation to be used: Department's Car (County Vehicle or Mass Transportation)

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

Tolls (\$20?)/ Gas (\$105 (estimated 650 miles round trip); May carpool if opportunity is available

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

Notice of meeting or convention including cost. Total Cost of Travel \$ 125 (travel and meeting/convention cost)

For Overnight Travel

Room rate \$ \$0- NYSACHO DUES GSA* Rate \$ N/A

Funding in Budget? Y N

Meal costs - GSA* per diem rate \$ N/A Budget Code: A. 4018.444
* www.gsa.gov

Date: 2/17/20

Tawn Dusek
 Department Head Signature

Date: _____

 County Administrator Signature

Date: _____

 Committee Chairman Signature

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

Please check to request a fleet vehicle. **REQUEST FOR USE OF FLEET VEHICLE**

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Health Services (Supervisory Committee) hereby authorizes Tawn Driscoll, Valerie Whisenant, and Tara Cote (Employee Name)

to attend HCA: Signature Financial Managers' Summit (Name of meeting or organization)

at Hilton Garden Inn; 235 Hoosick St; Troy, NY 12180 (Address) on March 12, 2020 (Dates)

Meeting/Convention Cost: \$447 (\$149/person x3) Mode of transportation to be used: Agency's County Car (County Vehicle or Mass Transportation)

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

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

Notice of meeting or convention including cost. Total Cost of Travel \$ 447
(travel and meeting/convention cost)

For Overnight Travel

Room rate \$ _____ GSA* Rate \$ _____

Funding in Budget? Y N

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

Date: _____

Department Head Signature

Date: _____

County Administrator Signature

Date: _____

Committee Chairman Signature

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

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Buildings & Grounds if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-State travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Clerk of the Board if credit card will be used.
6. Copy of executed form needs to be included in next agenda for reporting to oversight Committee.

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Health Services Payroll Dept. No: 36.01
Title of Position: WIC Assistant Base Salary of Position: \$30,520 *2019 Rate/2020 Rate TBD Grade: 5
Filling at Step # (If Known): _____
Budget code and title: A.4013.110 WIC Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 10754/ Stockwell Date of Vacancy: Anticipated 2/26/2020
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____% State WIC Grant 100% Other _____%

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director
Candidate's qualifications must be approved by Personnel Officer prior to hiring. PO 2/18/20
Human Resources Director has approved this form when initialed. HS 2/18/20

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

- The Administrator has no objection to the filling of the vacancy.
 The Administrator objects to the filling of the vacancy.

Administrator Signature [Signature] Date 2/18/20

BUDGET OFFICER COMPLETES THIS SECTION

- The Budget Officer has no objection to the filling of the vacancy.
 The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature [Signature] Date 2/19/20

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

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

Ranking Committee Member Signature [Signature] Date 3/2/2020

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

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

DEPARTMENT NAME: Health Services

DATE: March 2, 2020

- (a) Purpose of Request: **To enter \$1 lease agreement with Hudson Headwaters Health Network (Warrensburg Health Center) to provide space for Public Health's monthly (2 days) Warrensburg WIC Clinic.**
- (b) Details: **Hudson Headwaters Health Network; 3767 Main St; Warrensburg, NY 12885; Contact Claire Fleming 518-623-2844 x 21851; cfleming@hhhn.org
*County Attorney's office involved and providing guidance and assistance.**
- (c) Previous Resolution Number: **NA**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.4013.411 WIC Rent Expense**

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

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

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

DEPARTMENT NAME: Health Services

DATE: March 2, 2020

- (a) Purpose of Request: **To amend resolutions 307 of 2013 and 454 of 2015 to exempt Warren County retired/retiring and /or resigning nurses and allow Director of Public Health and Patient Services to pay those desiring to return to the Health Services Department in a Per Diem capacity, up to the grade and step at retirement/resignation, effective January 1, 2020.**
- (b) Details: **Health Services has less than 10 current per diem nurses that would be covered by this amendment. Weekend and holiday rates will remain unchanged.**
- (c) Previous Resolution Number: **307 of 2013 and 454 of 2015**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A.4010.130 Health Services (CHHA) Part Time Salaries; A.4018.0030.130 Disease Control Part Time Salaries; A.4018.0020.130 Family Health Part Time Salaries**

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

* as listed in budget and LOGOS



WARREN COUNTY PUBLIC HEALTH RABIES CLINICS 2020

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

Saturday	February 29	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	March 14	Warren County DPW 4055 Main Street, Warrensburg (State RT 9)	10:00-Noon
Saturday	April 4	Chester Fire House State RT 8	10:00-Noon
Saturday	April 25	Glens Falls Kennel Club 474 Corinth Road, Queensbury	10:00-Noon
Saturday	May 2	Lake George Fire House Ottawa and Amherst Streets	10:00-Noon
Saturday	May 16	North Creek Dog Park at Ski Bowl Park	10:00-Noon
Saturday	May 30	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	June 20	Thurman Fire House	10:00-Noon
Saturday	July 11	Brant Lake Fire House	10:00-Noon
Saturday	July 25	Lake Luzerne Pavilion Park (<i>new location</i>) Lake Ave.	10:00-Noon
Saturday	August 8	Stony Creek Town Hall	10:00-Noon
Saturday	August 22	Hague Fire House	10:00-Noon
Saturday	September 12	Chester Fire House State RT 8	10:00-Noon
Saturday	September 26	Glens Falls DPW, Dix Avenue	10:00-Noon
Saturday	October 17	Bolton Fire House, Main Street	10:00-Noon
Saturday	October 24	Queensbury Community Center 742 Bay Road	10:00-Noon
Saturday	November 14	Warren County DPW 4055 Main Street, Warrensburg (State RT 9)	10:00-Noon

A \$10.00 donation is requested for each pet. No one is turned away due to financial hardship. Please bring dogs on leashes and cats or ferrets in carriers. Call Warren County Public Health at 761-6580 with questions.



PROTECT YOURSELF AND YOUR FAMILY FROM RABIES EXPOSURE



What is rabies?

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

How is rabies spread?

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

What animals can spread rabies?

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

How can I tell if an animal has rabies?

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

What can I do to prevent rabies?

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

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

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

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

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

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

What about bats and rabies?

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

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

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

Any live or dead bat that may have had contact with a person should be captured and reported to your County Public Health office.

Coronavirus Key Points

Novel Coronavirus (nCoV), now also referenced as COVID-19 is a respiratory illness with pneumonia or influenza like symptoms that has spread from China since December 2019. Currently (as of 3/2/2020) there have been 88 confirmed cases in the United States, including the first confirmed case in New York State. Also to date, there have been two deaths in Washington State attributed to Coronavirus. While we are seeing cases of community spread on the West Coast, the majority of cases still remain among those who have traveled to areas of concern (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)

- First and foremost, this is a rapidly changing situation, numbers and information changes almost daily
- While those most at risk continue to be travelers from China, risk is also associated with travel to/from any geographically affected area within the last 14 days or have had prolonged exposure to a person who has tested positive for nCoV (most commonly a household relative).
- While this situation poses a very serious public health threat, CDC believes the immediate risk to the U.S. public is low at this time. Illnesses, such as the flu, are more of a concern in the United States.
- There are precautions you can take to decrease your chance of getting sick (with any illness), which include:
 - Social distancing yourself when you are sick or someone you are frequently around is ill
 - Proper hand hygiene
 - Staying home from work when sick
 - Respiratory etiquette (cover your cough, sneeze, etc.)
 - As with any Public Health emerging issue, it is critical to follow the directions provided by officials should the virus come to our area. By ensuring proper protocols are followed everyone is doing their part to help contain spread.
- The CDC is NOT recommending the general public to wear masks; healthcare professionals who are providing care to a PUI (person under investigation) or a confirmed case are recommended to wear masks.
- Should an individual who meets below guidelines be concerned or begin to fall ill, prior to them showing up at a hospital or health center they should call BEFOREHAND so that the health care agency can properly quarantine the individual upon arrival and staff can address proper PPE prior to entering their room. Also, should they call 911 the ambulance should be notified as well in regards to the concern of nCoV.
- Travelers from China, Italy and South Korea will be screened prior to boarding flights, as well as when they land in America for symptoms. Those traveling from China or those who are symptomatic will continue to go automatically into quarantine when they arrive at their destination in the U.S.
- Up to date information can continue to be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Clinical Features		Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including healthcare personnel ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ , within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza). ⁶	AND	No identified source of exposure

****Please note, Public health is happy to take any phone calls with questions surrounding Coronavirus and we will do our best to answer with the most up to date available information we have been provided with. 761-6580**