



Minutes of the Regular Meeting of the Town Board

Thursday, March 25, 2021

7:00 PM

Town Hall

1. **REGULAR TOWN BOARD MEETING – March 25, 2021 - 7:00 PM**
2. **Call to Order**

Attendee Name	Title	Status	Arrived
Danielle Futia	Councilwoman	Present	
Jill Penn	Councilwoman	Present	
Rick J Field	Councilman	Present	
Paula Mahan	Town Supervisor	Present	
Melissa Jeffers	Councilwoman	Present	
Linda J. Murphy	Councilwoman	Present	
David R. Green	Councilman	Present	
Julie Gansle	Town Clerk	Present	
Michael C Magguilli	Town Attorney	Present	

3. **Pledge of Allegiance**
4. **Personnel: Resolution No. 140**

A. Jeffrey G. Rappold

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	David R. Green, Councilman
SECONDER:	Linda J. Murphy, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

B. Lori L. Conrad

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

C. Jennifer Kennedy

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Jill Penn, Councilwoman
SECONDER:	Melissa Jeffers, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

D. Julie T. Phillips

RESULT:	WITHDRAWN [UNANIMOUS]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Town Attorney requested the resolution be pulled

E. Angela Massey

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

F. Jessica Loveland

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

5. **Public Hearing**

Public Hearing (continued) in connection with Article 12A of State of New York Town Law Approving/Not Approving the CGM Residential Subdivision – S.I.A. 2018-004.

Town Attorney provided information, on behalf of Crystal Peck Special Counsel, in connection with the project along with recommendation to close the public hearing and proceed with the vote.

Pubic hearing was closed.

Resolution No. 141 of 2021

Resolution Pursuant to Article 12A of State of New York Town Law Approving the CGM Residential Subdivision – S.I.A. 2018-004.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	Jill Penn, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

6. **Public Comment**

* Supervisor requested time be used as an informational period to discuss Resolution No. 164;

* Comments provided by several Board Members as well as Assistant Vehicle and Traffic Prosecutor David Rowley;

* Motion was made to adjourn Resolution No. 164 to our next Town Board meeting on April 15, 2021.

** Additional comment received during the meeting, and read, prior to Resolution No. 163

7. **Resolutions**

Resolution No. 142 establishing a Temporary Outdoor Seating Approval program for 2021.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	Jill Penn, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 143 requiring the Planning and Economic Development Director to review and consider the proposed amendment of 67 Preston Drive in the Canterbury Crossing PDD.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	Jill Penn, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 144 requiring the Planning and Economic Development Director to review and consider the proposed amendment of 13 Core Road in the Shelter Cove PDD.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	Jill Penn, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 145 requiring the Planning and Economic Development Director to review and consider the proposed amendment of 18 Preston Drive in the Canterbury Crossing PDD.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	Jill Penn, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 146 requiring the Planning and Economic Development Director to review and consider the proposed amendment on Wardley Circle in the Canterbury Crossing PDD.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	Jill Penn, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 147 authorizing settlement or discontinuance, subject to judicial approval of the same, pursuant to §68 of the Town Law, of various tax certiorari proceedings.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	Jill Penn, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 148 rescinding all prior resolutions pertaining to the Public Employer Health Emergency Plan for the Town of Colonie.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

* Amended copy of "Exhibit A" provided to the Board and included as attachment

Resolution No. 150 authorizing the Supervisor to declare an emergency in connection with repair of the sanitary sewer system at 20 Nolan Road by ANJO Construction, Ltd. and authorizing the Comptroller to expend Emergency Repair Reserve funds for the same.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 149 authorizing the Supervisor to declare an emergency in connection with repair of the sanitary sewer system at 66 Overlook Avenue by ANJO Construction, Ltd. and authorizing the Comptroller to expend Emergency Repair Reserve funds for the same.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 151 authorizing the Receiver of Taxes and Assessment to accept partial payments of water usage, for those payments within \$5.00 of the full amount due.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Danielle Futia, Councilwoman
SECONDER:	Jill Penn, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 152 authorizing the Supervisor to enter into an agreement with LexisNexis Coplogic Solutions in connection with the crash mapping program.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	David R. Green, Councilman
SECONDER:	Linda J. Murphy, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 153 authorizing the Supervisor to enter into an agreement with Stanley Convergent Security Solutions, Inc. in connection with maintenance of the door entry systems at the Public Safety Building.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 154 awarding to David Frueh Contracting the bid in connection with Sludge Hauling for the DPW/Division of Latham Water and authorizing the Supervisor to enter into an agreement for same.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 155 authorizing the Supervisor to execute a Contract with Invoice Cloud in connection with electronic processing of water bills for the DPW/Division of Latham Water.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 156 awarding the bid to Gorman Bros., Inc. in connection with In Place Recycled Base Course for the year 2021 and authorizing the Supervisor to execute an agreement for same.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 157 awarding the bid for Cold Milling of Bituminous Concrete for the year 2021 to New Castle Paving, LLC and authorizing the Supervisor to execute an agreement for same.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 158 awarding the bid to AFSCO Fence Supply Co., Inc. in connection with the Crossings Parking Lot Fence Project for the Parks & Recreation Department and authorizing the Supervisor to execute an agreement for same.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 159 awarding the bid for Turf Products for the year 2021 for the Parks & Recreation Department.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 160 for the Town Board to approve modifications to the 2021 operating budget for the General Town-Wide Fund.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 161 rescinding Resolution No. 170 for 2020 and authorizing the General Services Director to readvertise for bids in connection with the Fence Project at the Kiwanis Park.

RESULT:	ADOPTED [UNANIMOUS]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	David R. Green, Councilman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

Resolution No. 162 amending Resolution No. 137 for 2021 appointing David Green as Town Justice.

RESULT:	ADOPTED [4 TO 2]
MOVER:	Linda J. Murphy, Councilwoman
SECONDER:	Melissa Jeffers, Councilwoman
AYES:	Jill Penn, Paula Mahan, Melissa Jeffers, Linda J. Murphy
NAYS:	Danielle Futia, Rick J Field
ABSTAIN:	David R. Green

Resolution No. 163 accepting the resignation of Town Board Member David Green and appointing Brian Austin to fill the vacancy created by such resignation.

RESULT:	ADOPTED [4 TO 2]
MOVER:	Melissa Jeffers, Councilwoman
SECONDER:	Linda J. Murphy, Councilwoman
AYES:	Jill Penn, Paula Mahan, Melissa Jeffers, Linda J. Murphy
NAYS:	Danielle Futia, Rick J Field
EXCUSED:	David R. Green

* Due to resignation, which was submitted just prior to this resolution, David Green no longer voting board member for this resolution

* Public comment from past Town Board member, Christopher Carey, received and read into the record

Resolution No. 164 appointing Lawrence Magguilli, Esq. as Assistant Vehicle and Traffic Prosecutor.

RESULT:	ADJOURNED [UNANIMOUS]
MOVER:	Jill Penn, Councilwoman
SECONDER:	Melissa Jeffers, Councilwoman
AYES:	Futia, Penn, Field, Mahan, Jeffers, Murphy, Green

* Motion to adjourn, made during public comment period, until next Town Board meeting on April 15, 2021.

8. Communications

A. General

1. Amended Attachment: Exhibit a Resolution No. 148 for 2021

Public Employer Health Emergency Plan Town of Colonie



“Date of Approval”:

This plan has been developed in accordance with NYS legislation S8617B/A10832

EXHIBIT “A”

Promulgation

This plan has been developed in accordance with the amended New York State Labor Law section 27-c and New York State Education Law paragraphs k and l of subdivision 2 of section 2801-a (as amended by section 1 of part B of chapter 56 of the laws of 2016), as applicable.

This plan has been developed with the input of the PBA Unit A; CSEA Unit B; CSEA Unit C; CSEA Unit D; UPSEU Unit E, the Police Supervisors Association; and UPSEU Administrative Unit, as required by the amended New York State Labor Law.

No content of this plan is intended to impede, infringe, diminish, or impair the rights of the Town or our valued employees under any law, rule, regulation, or collectively negotiated agreement, or the rights and benefits which accrue to employees through collective bargaining agreements, or otherwise diminish the integrity of the existing collective bargaining relationship.

This plan has been approved in accordance with requirements applicable to the agency, jurisdiction, authority or district, as represented by the signature of the authorized individual below.

As the authorized official of the Town of Colonie, I hereby attest that this plan has been developed, approved, and placed in full effect in accordance with S8617B/A10832 which amends New York State Labor Law section 27-c and New York State Education Law paragraphs k and l of subdivision 2 of section 2801-a (as amended by section 1 of part B of chapter 56 of the laws of 2016), as applicable, to address public health emergency planning requirements.

Signed on this day: _____

By: Paula A. Mahan

Title: Town Supervisor

Signature: _____

Record of Changes

Date of Change	Description of Change	Implemented by

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Purpose, Scope, Situation Overview, and Assumptions

Purpose

This plan has been developed in accordance with the amended New York Labor Law section 27-c and New York State Education Law paragraphs k and l of subdivision 2 of section 2801-a (as amended by section 1 of part B of chapter 56 of the laws of 2016), as applicable. These laws were amended by the passing of legislation S8617B/A10832 signed by the Governor of New York State on September 7, 2020, requiring public employers to adopt a plan for operations in the event of a declared public health emergency involving a communicable disease. The plan includes the identification of essential positions, facilitation of remote work for non-essential positions, provision of personal protective equipment, and protocols for supporting contact tracing.

Scope

This plan was developed exclusively for and is applicable to the Town of Colonie. This plan is pertinent to a declared public health emergency in the State of New York which may impact our operations; and it is in the interest of the safety of our employees and contractors¹ and the continuity of our operations that we have promulgated this plan.

Situation Overview

On March 11, 2020, the World Health Organization declared a pandemic for the novel coronavirus which causes the COVID-19 severe acute respiratory syndrome. This plan has been developed in accordance with amended laws to support continued resilience for a continuation of the spread of this disease or for other infectious diseases which may emerge and cause a declaration of a public health emergency.

The health and safety of our employees and contractors is crucial to maintaining our mission essential operations. We encourage all employees to use CDC Guidance for Keeping Workplaces, Schools, Homes and Commercial Establishments Safe. The fundamentals of reducing the spread of infection include:

- Wearing a face mask.
- Using hand sanitizer and washing hands with soap and water frequently, including:
 - After using the restroom
 - After returning from a public outing
 - After touching/disposing of garbage
 - After using public computers, touching public tables and countertops, etc.
- Practice social distancing when possible.
- If you are feeling ill or have a fever, do not report to work.
- If you are feeling ill or have a fever at work, notify your supervisor immediately and go home.
- If you start to experience coughing or sneezing, step away from people and food, cough or sneeze into the crook of your arm or a tissue, the latter of which should be disposed of immediately.
- Clean and disinfect workstations at the beginning, middle and end of each shift.
- Other guidance which may be published by the CDC, the New York State Department of Health or Albany County Health officials.

Planning Assumptions

This plan was developed based on information, best practices, and guidance available as of the date of publication. The plan was developed to largely reflect the circumstances of the current Coronavirus pandemic, but may also be applicable to other infectious disease outbreaks.

The following assumptions have been made in the development of the plan:

- The health and safety of our employees and contractors, and their families, is of utmost importance.
- The circumstances of a public health emergency may directly impact our own operations.

¹ The term contractors throughout this document refers to individuals employed by other entities who enter Town facilities to perform duties contracted for by the Town such delivery persons, equipment maintenance and repair persons, HVAC technicians, and equipment installers. Such individuals are required to comply with the same safety protocols as a Town employee.

- Impacts of a public health emergency will take time for us to respond to, with appropriate safety measures put into place and adjustments made to operations to maximize safety.
- The public and our constituency expect us to maintain a level of mission essential operations.
- Resource support from other jurisdictions may be limited based upon the level of impact the public health emergency has upon them.
- Supply chains, particularly those for personal protective equipment (PPE) and cleaning supplies, may be heavily impacted, resulting in considerable delays in procurement.
- The operations of other entities, including the private sector (vendors, contractors, etc.), non-profit organizations, and other governmental agencies and services may also be impacted due to the public health emergency, causing delays or other disruptions in their services.
- Emergency measures and operational changes may need to be adjusted based upon the specific circumstances and impacts of the public health emergency, as well as guidance and direction from public health officials and the governor.
- Per S8617B/A10832 ‘essential employee’ is defined as a public employee or contractor that is required to be physically present at a work site to perform their job.
- Per S8617B/A10832, ‘non-essential employee’ is defined as a public employee or contractor that is not required to be physically present at a work site to perform their job.

Concept of Operations

The Town Supervisor, their designee, or their successor holds the authority to execute and direct the implementation of this plan. Implementation, monitoring of operations, and adjustments to plan implementation may be supported by additional personnel, at the discretion of the Town Supervisor.

Upon the determination of implementing this plan, all employees and contractors of the Town of Colonie shall be notified by their department heads, with details provided as soon as possible and as necessary, with additional information and updates provided on a regular basis. Residents and the public will be notified of pertinent operational changes by way of press releases to the Times Union, the Spotlight, and local television stations; notifications on the Town’s website, and alerts through Stay Connected. Other interested parties, such as vendors, will be notified by phone and/or email as necessary. Employee unions will be notified by the Human Resources Director by phone and/or email. The Town Supervisor or designee will maintain communications with the public and constituents as needed throughout the implementation of this plan.

The Town Supervisor, their designee, or their successor will maintain awareness of information, direction, and guidance from public health officials and the Governor’s office, directing implementation of changes as necessary.

Upon resolution of the public health emergency, the Town Supervisor, their designee, or their successor will direct the resumption of normal operations or operations with modifications as necessary.

Mission Essential Functions

When confronting events that disrupt normal operations, the Town of Colonie is committed to ensuring that essential functions will be continued even under the most challenging of circumstances. Essential functions are those which enable an organization to:

1. Maintain the safety of employees, contractors, and our constituency.
2. Provide vital services.
3. Provide services required by law.
4. Sustain quality operations.
5. Uphold the core values of the Town of Colonie.

The Town of Colonie provides services vital to Town residents, businesses and the public. All functions and employees are essential. During a health emergency, The Town will prioritize functions as necessary to maintain continuity of operations.

Factors to be considered when prioritizing operations include the need to:

1. Maintain first responder capacity to ensure safety and health of the public.²
2. Respond to weather emergencies to ensure the safety of the public.
3. Maintain the water treatment and distribution system and the sewage collection and treatment system to ensure health of the public and to comply with statutory regulations.
4. Maintain the Town's transportation infrastructure including roadways and sidewalks and ensure roadways are safe during adverse weather conditions.
5. Maintain the Town's information technology infrastructure to ensure continuity of Town operations.
6. Purchase necessary goods and services to maintain continuity of operations and to procure necessary cleaning and disinfections supplies and personal protective equipment.
7. Conduct financial operations to collect monies, pay for goods and services, and process payroll.
8. Perform services with statutory time limitations such as collecting and processing tax payments and processing property assessment grievances.
9. Perform functions to protect vulnerable residents including, but not limited to senior citizens.
10. Conduct administrative functions to support essential functions.

Risk Reduction and Mitigation

General Exposure Reduction

The Town will reduce exposure of employees to each other and to the public through the following:

1. The Town will follow any requirements put in place by the Governor's Office or by executive orders.
2. The Town Justice Court will follow any requirements put in place by the New York State Office of Court Administration as well as any encompassed in #1 above
3. The William K. Sanford Town Library will follow any recommendations put in place by the Upper Hudson Library System as well as any encompassed in #1 above.
4. Residents, vendors and the public will be encouraged to conduct business by phone, mail and email.
5. Employees will provide curbside service to the public where feasible.

² Separate Police Department and Emergency Medical Services Department Plans are included as appendices to this document.

6. Drop Boxes will be installed in vestibules and hallways to reduce the need for in-person visits.
7. In-person visits will be by appointment only when feasible.
8. Employees will self-screen using current Centers for Disease Control (CDC), New York State Department of Health (NYS DOH) or Albany County Department of Health (DOH) criteria. Employees who do not meet criteria will not enter the premises.
(Screening Form: See Appendix B)
9. Visitors will be required to self-screen before being allowed access to Town facilities.
10. Visitors and staff will be required to comply with current safety requirements such as wearing mask masks and maintaining social distancing.
11. Plexi-glass shields have been installed in public facing offices.
12. The Town will use a reserved conference call line to conduct meetings internally and with outside vendors and providers.
13. Employees will be reissued Pandemic Response and Protocols document initially issued on May 8, 2020 (included as Appendix A) amended as necessary to address the disease in question.

Staggered Schedules and Alternate Staffing Patterns

Implementing staggered schedules and alternate staffing patterns may be possible for employee performing duties which are necessary to be performed on-site. Regardless of changes in the start and end times of work days, the Town of Colonie will ensure that employees are provided with their typical or contracted minimum number of work hours per week. Implementing such schedules and patterns requires:

1. Identification to positions for which work hours will be staggered. – Department Heads in conjunction with the Town Supervisor and Human Resources Director will determine the positions for which it is feasible to stagger work hours.
2. Approval and assignment of changed work hours. – Changes in work hours will be approved by Department Heads in conjunction with the Town Supervisor and Human Resources Director. The Town will operate within the parameters of the current bargaining unit agreements and will consult with the appropriate bargaining unit officials in the event any assignments are not within the parameters of such bargaining unit agreements.

Field and Plant Staff

Departments can utilize the following measures to reduce exposure for field staff and staff at the Mohawk View Water Treatment Plant and Pure Waters Sewage Treatment Plant.

1. Staff will be divided into teams with staggered schedules to reduce interaction.
2. Staff teams will not interact at arrival, break, lunch, clean-up and departure times.
3. Insofar as possible, staff will transport to work sites in separate vehicles.
4. Insofar as possible, staff in different teams will not be assigned to work together.
5. Employees will wear masks and other appropriate PPE as necessary in vehicles and at work sites.
6. Insofar as possible, employees will maintain social distance on work sites.

In-House Staff

1. Staff will wear masks and other appropriate PPE as necessary in offices and common areas.
2. Staff will be spread to unused conference rooms as necessary to reduce density in office areas.
3. Cameras have been installed in some office computers to enable virtual meetings.
4. A dedicated conference line has been reserved to enable teleconferences.
5. In severe conditions, some staff may be able to telework on a rotating basis.
6. Some laptop computers have been configured for individual users in the event of a need to telework.

Personal Protective Equipment

The use of personal protective equipment (PPE) to reduce the spread of infectious disease is important to supporting the health and safety of our employees and contractors. PPE which may be needed can include:

- Masks
- Eye Protection
- Face Shields
- Gloves
- Disposable gowns and aprons

In the event that a new communicable disease that is the subject of a public health emergency occurs, the Town will conduct a PPE hazard assessment to determine the appropriate PPE for employees. Such assessment will be completed utilizing the most recent guidance from the CDC, the New York State Department of Health and the Occupational Health and Safety Administration (OSHA). Training will be provided on the use of the PPE.

Note that while cleaning supplies are not PPE, there is a related need for cleaning supplies used to sanitize surfaces, as well as hand soap and hand sanitizer. The Coronavirus pandemic demonstrated that supply chains were not able to keep up with increased demand for these products early in the pandemic. As such, we are including these supplies in this section as they are pertinent to protecting the health and safety of our employees and contractors.

Protocols for providing PPE include the following:

1. Identification of need for PPE based upon job duties and work location
2. Procurement of PPE
 - As specified in the amended law, public employers must be able to provide at least two pieces of each required type of PPE to each essential employee during any given work shift for at least six months.
 - Public employers must be able to mitigate supply chain disruptions to meet this requirement.
3. Storage of, access to, and monitoring of PPE stock
 - PPE must be stored in a manner which will prevent degradation.
 - Employees and contractors must have immediate access to PPE in the event of an emergency.
 - The supply of PPE must be monitored to ensure integrity and to track usage rates.

Procurement

The Town of Colonie will follow CDC, NYS DOH and/or Albany County (DOH) recommendations as to appropriate PPE for performing specific functions. Each department head will determine what PPE is required for their department and will work with the General Services Director and the Town Comptroller to secure the items. Items including masks, gloves and disposable gowns and aprons are ordered regularly as needed through the Town's Emergency Medical Services annual bid. Additional items can be ordered through the New York State contracts with Amazon and other vendors. In the event of a declared state of emergency, items can be ordered off-contract if necessary.

Storage, Access and Monitoring

The General Services Director has responsibility for storage of PPE for non-emergency staff. The current storage practice is that PPE is delivered to and stored in climate-stable areas in Town Hall. PPE is then disbursed to departments according to their needs. Smaller supplies of PPE are readily available in each department. Department Heads or their designees monitor their supplies of PPE and report needs to the General Services Director.

Staff Exposures, Cleaning and Disinfection

Staff Exposures

Staff exposures are organized under several categories based upon the type of exposure and presence of symptoms. Following CDC guidelines, we have established the following protocols:

- A. If employees are exposed to a known case of communicable disease that is the subject of the public health emergency (defined as a 'close contact' with someone who is confirmed infected, which is a prolonged presence within six feet with that person):
 1. Potentially exposed employees should remain at home or in a comparable setting and practice social distancing for the lesser of 10 days or other current CDC/public health guidance for the communicable disease in question.
 - a. If possible, these employees will be permitted to work remotely during this period of time if they are not ill.
 - b. The Human Resources Director and the Department Head must be notified and are responsible for ensuring that these protocols are followed.
 - c. See the section titled Documentation of Work Hours and Locations for additional information on contact tracing.
 2. CDC guidelines for COVID-19 provide that critical essential employees may be permitted to continue to work following potential exposure, provided that they remain symptom-free and additional precautions are taken to protect them, other employees and contractors, and our constituency/public.
 - a. Additional precautions will include the requirement of the subject employee, as well as others working in their proximity, to wear appropriate PPE at all times to limit the potential of transmission.
 - b. In-person interactions with the subject employee will be limited as much as possible.
 - c. Work areas in which the subject employee is present will be disinfected according to current CDC/public health protocol at least every hour, as practical. See the section on Cleaning and Disinfecting for additional information.
 - d. If at any time they exhibit symptoms, refer to item B below.

- e. The Department Head and the Human Resources Director in conjunction with the Albany County DOH make any decisions regarding an essential worker in these circumstances and are responsible for ensuring these protocols are followed.
- B. If an employee exhibits symptoms of the communicable disease that is the subject of the public health emergency:
 1. Employees who exhibit symptoms in the workplace should be immediately separated from other employees, visitors and the public. They should immediately be sent home with a recommendation to contact their physician.
 2. Employees who exhibit symptoms outside of work should notify their supervisor and stay home with a recommendation to contact their physician.
 3. Employees should not return to work until they have met the criteria to discontinue home isolation per CDC/public health guidance.
 4. The Town of Colonie will not require sick employees to provide a negative test result for the disease in question to return to work unless there is a recommendation from the CDC/public health officials to do so. The Town of Colonie will follow current CDC, NYS DOH and/or Albany County DOH guidance in regard to documentation of a positive diagnosis of the disease in question to support the use of sick leave or absence due to quarantine.
 5. CDC criteria for COVID-19 provides that persons exhibiting symptoms may return to work if at least 24 hours have passed since the last instance of fever without the use of fever-reducing medications. If the disease in question is other than COVID-19, CDC and other public health guidance shall be referenced.
 6. The Human Resources Department must be informed in these circumstances and is responsible for ensuring these protocols are followed.
- C. If an employee has tested positive for the communicable disease that is the subject of the public health emergency:
 1. Apply the steps identified in item B above, as applicable.
 2. Areas occupied for prolonged periods of time by the subject employee will be cleaned, disinfected or otherwise treated in accordance with CDC/public health guidance for the disease that is the subject of the public health emergency.
 3. Identification of potential employee exposure will be conducted.
 - a. If an employee is confirmed to have the disease in question, the Human Resources staff shall inform all contacts of their possible exposure. Confidentiality shall be maintained as required by the Americans with Disabilities Act (ADA).
 - b. Apply the steps identified in item A, above, as applicable, for all potentially exposed personnel.
 4. The Human Resources Director or designee must be notified in these circumstances and is responsible for ensuring these protocols are followed.

We recognize there may be nuances or complexities associated with potential exposures, close contacts, symptomatic persons, and those testing positive. We will follow CDC/public health recommendations and requirements and coordinate with our local public health office for additional guidance and support as needed.

Cleaning and Disinfection

CDC/public health guidelines will be followed for cleaning and disinfection of surfaces/areas. The Town of Colonie's current procedures include the following:

1. Building maintenance staff and other staff regularly tasked with cleaning are provided with PPE appropriate to the task.
2. Each work site, office and vehicle is provided with disinfecting wipes and sanitizer.
3. Each employee is provided with personal size hand sanitizer.
4. Each employee will wipe down their tools and high-touch areas in work spaces and vehicles on a daily basis at the minimum.
5. Employees will travel with vehicle windows open at the beginning and end of each trip to exchange air in the vehicle.
6. Surfaces will be disinfected with products that meet EPA criteria for use against the virus in question and which are appropriate for that surface.
7. Staff will follow instructions of cleaning products to ensure safe and effective use of the products.

Employee Leave

Public health emergencies are extenuating and unanticipated circumstances in which the Town of Colonie is committed to reducing the burden on our employees.

It is our policy that employees of the Town of Colonie will not need to charge leave time for testing for the disease in question. Employees who test positive for the disease in question will be paid for time off under the sick leave provisions of the applicable collective bargaining agreements or the Town sick leave policy for non-bargaining unit employees and /or under the provisions of any federal, state or local legislation addressing the public health emergency. Employees who are required to quarantine in relation to the disease in question will be paid under the provisions of any federal, state or local legislation addressing the public health emergency.

Additional provisions may be enacted based upon need and the guidance and requirements in place by the federal and state employment laws, the Family Medical Leave Act (FMLA), executive orders and other potential sources.

Documentation of Work Hours and Locations

In a public health emergency, it may be necessary to document work hours and locations of each employee to support contact tracing efforts. Identification of locations shall include on-site work and off-site visits. This information may be provided by the employee who has tested positive for the disease in question or by the employee's supervisor. This information may be used by the Town of Colonie to support contact tracing within the organization and may be shared with local public health officials.

Housing for Essential Employees

There are circumstances within a public health emergency when it may be prudent to have essential employees lodged in such a manner which will help prevent the spread of the communicable disease to protect these employees from potential exposures, thus helping ensure their health and safety and the continuity of the Town of Colonie's essential operations.

If such a need arises, hotel rooms are expected to be the most viable option. If hotel rooms are for some reason deemed not practical or ideal, or if there are no hotel rooms available, the Town of Colonie will coordinate with the Albany County Office of Emergency Management to help identify and arrange for these housing needs. The EMS Chief and/or Human Resources Office will be responsible for coordinating this.

Appendix A: Pandemic Response and Protocols



To: All Town of Colonie Departments

Date: May 8, 2020

**Regard to: COVID-19 Pandemic Response and Protocols for
Reopening Town Government Offices**

After several weeks of shuttering most of America due to the COVID-19 Pandemic, we are steadily approaching the relaxing of stay-at-home orders at the federal and state levels. The Town of Colonie is dedicated to the safety and health of our employees and the public we serve. The Town is basing the decisions made to re-open and how we conduct everyday business on information received from Federal, State and County health officials to provide the safest working environment possible. Pre-opening planning is vitally important to the success of our government offices reopening. Keep in mind that the guidelines on the response to the pandemic are very dynamic and may require amending some of our procedures as those guidelines come available.

The following are the protocols addressing the re-opening of Town Government Buildings:

1. All employees will be held to a **zero tolerance** for sick workers reporting to work.
IF YOU ARE SICK, STAY HOME!
IF YOU FEEL SICK, GO HOME!
IF YOU SEE SOMEONE SICK, SEND THEM HOME!
2. All Town employees will adhere to recommendations from the CDC and Department of Health on how to stay safe. These recommendations are available from the Center for Disease Control and Prevention at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and the New York State Department of Health at www.ny.gov. These documents are also available from the Department of Human Resources
3. Employees will conduct daily self-checks and a self-screening to assure the following:
 - No sign of a fever or a measured temperature above 100.3 degrees within the past 24 hours. (Touchless thermometers will be available for employees that need to check their temperature. Proper sanitizing of the device will be performed by the employee that handles it.)
 - No Cough within the past 24 hours.
 - No Sore Throat within the past 24 hours.
 - No Trouble breathing within the past 24 hours.
 - Has not had "close contact" with an individual diagnosed with COVID-19. "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19 or being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes.

- Has not come in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.
 - Physical distancing will be practiced in all Town buildings as well as outdoors on all Town property. Physical distancing is **keeping 6 feet between themselves and others**, whenever possible. When it is not possible to social distance, a facemask is to be worn.
4. All Town employees **will** wear a face covering when they **may not be able** to maintain at least 6 feet of distance between themselves and others.
A face covering is mandatory for any staff member traveling through public and common areas or from office to office in a town building.
Once your destination is reached and social distancing can take place, a mask will not be necessary, but is encouraged.
 5. All employees will continue to practice healthy hand hygiene.
 6. Alcohol-based hand sanitizers should remain accessible in all common areas (for example, lobby, bathrooms, hallways) to encourage hand hygiene among building occupants. Each office is responsible for maintaining the proper supply of sanitizers and any other personal protective supplies needed by their employees.
 7. All offices should consider posting in common areas the:
"Stop the Spread of Coronavirus" flyer, which is available at nyc.gov/health/coronavirus
 8. All offices will limit the number of people (most likely one at a time) entering an office area to conduct their business.
 - Members of the public and visitors needing to enter an office area will be required to wait in the hall/lobby. If a representative from the Town must meet with a member of the public, every effort must be made to meet with that person in a conference room or area outside of office employee work stations.
 - Each office will display signs or floor labeling to instruct people where to stand at the counter and where to wait in the hallway/lobby
 9. The Town will install barriers in any area where employees are required to offer face-to-face contact with the public.
 10. Town employees will limit the number of people getting into an elevator at the same time to avoid crowding. (Everyone should consider only riding the elevator with their own party or who are unable to use the stairs.)
 11. When deliveries are taking place to Town facilities (for example, packages, food deliveries, etc.) building occupants will maintain physical distancing when getting packages or mail, and when entering or exiting the building. This does not change the policy of mandatory face coverings as long as that policy is in effect.

- If there is a fire alarm in the building, all employees should follow the building's standard protocols if there is a fire alarm, and fire safety should not be compromised. Fire and building codes should continue to be followed, and fire doors should not be propped open. Encourage building occupants to practice physical distancing and maintain at least 6 feet distance from each other as they exit the building during such an incident.
12. If repairs are being conducted in a specific area (for example, plumbing, maintenance) Building occupants and employees will follow normal preventive actions, such as practicing healthy hand hygiene and maintaining physical distancing while the work is being completed. Building occupants and workers should also be wearing face coverings.

Appendix B: Screening Form

Town of Colonie Daily COVID-19 Screening Form

All Employees must complete screening before entering the workplace

1. Have you knowingly been in close or proximate contact in the past 10 days with anyone who has tested positive for COVID-19 or who has or had symptoms of COVID-19?
(Close or proximate contact is measured by more than fifteen minutes at once or a total of fifteen minutes combined throughout a 24-hour period. ___(YES) ___(NO)
2. Have you tested positive for COVID-19 in the past 10 days?
(Check YES or NO) ___(YES) ___(NO)
3. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:
Have you experienced any of these symptoms in the past 10 days? (Check YES or NO)
 - a. A body temperature above 100 degrees ___(YES) ___(NO)
 - b. New / Unusual Cough ___(YES) ___(NO)
 - c. New / Unusual Shortness of breath or difficulty breathing
 ___(YES) ___(NO)
 - d. Fever or chills ___(YES) ___(NO)
 - e. New / Unusual Fatigue ___(YES) ___(NO)
 - f. New / Unusual Muscle or body aches ___(YES) ___(NO)
 - g. New / Unusual Congestion or runny nose ___(YES) ___(NO)
 - h. New / Unusual Sore throat ___(YES) ___(NO)
 - i. New loss of taste or smell. ___(YES) ___(NO)
 - j. New / Unusual Headache ___(YES) ___(NO)
 - k. New / Unusual Nausea, vomiting or Diarrhea ___(YES) ___(NO)

If you develop symptoms while at work, immediately isolate yourself from other staff and contact your supervisor for direction.

If you have experienced any other symptoms of illness not listed above, please contact your supervisor or

The Department of Human Resources (518) 783-2720 by telephone prior to entering the workplace.

Call your medical provider for any other symptoms that are severe or concerning to you.

If you answered YES to any of the above screening questions

DO NOT ENTER or immediately leave the workplace

Employee Name (Print): _____

Employee Signature: _____

Date: _____

(Updated 01/21/2021)

Part II
Town of Colonie Police Department
Public Health Emergency Operational Plan

Communication: Amended Attachment: Exhibit a Resolution No. 148 for 2021 (General)

Part II: Town of Colonie Police Department Public Health Emergency Operational Plan

Introduction

This plan is designed to comply with NYS Labor Law Section 27-C – *Duty of public employers to develop operation plans in the event of certain declared public health emergencies*. It is to be used in conjunction with the Town of Colonie Comprehensive Emergency Management Plan, the Colonie Police Department's (CPD) Continuity of Operations Plan, the Colonie Police Department's Standard Operating Guidelines, and the Department's Infectious Disease Exposure Control Plan.

Definitions

- Essential employee – an employee that is physically required to be present at a worksite to perform his or her job.
- Non-essential employee – an employee that is not required to be physically present at a worksite to perform his or her job.
- Communicable disease – an illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector or the inanimate environment to a susceptible animal or human host.
- Contractor – an individual performing services as a party to a contract awarded by the Town of Colonie.
- Retaliatory action – the discharge, suspension, demotion, penalization, or discrimination against any employee, or other adverse employment action taken against an employee in the terms and conditions of employment.

Job Functions

The following job titles are considered **essential**. Each has an accompanying statement of job description and justification for being deemed essential:

- **Communicator-** Duties involve answer emergency and non-emergency phone calls that may require Police, EMS, Fire Department response.
- **Patrol Officer-** Some of these duties involve responsibility for enforcing the laws of New York State, dispute mitigation, providing emergency services, traffic control, conduct preliminary investigations, and patrol assigned zones within the Town of Colonie's jurisdiction.
- **Investigator** - These duties involve responsibility for conducting criminal investigations and the recovery of stolen property.
- **Sergeant** – The duties involve providing leadership, training, field supervision, and conduct briefings for staff on assigned shift.

- **Lieutenant** – The duties involve providing leadership, assign duties to lower ranking Officers, direct subordinates members in achieving the goals and the mission of the Police Department and report matters of importance to the Deputy Chief,
- **Deputy Chief** - Duties include providing leadership, management of assigned areas such as operations, staffing, training, human resources, purchasing practices and supply inventory. In addition to the management duties, the duties also involve responsibility for direct supervision of Lieutenants.
- **Chief** - Duties include, providing leadership, management of assigned areas such as operations, staffing, training, human resources, purchasing practices and supply inventory. In addition to the management duties, the duties also involve responsibility for direct supervision of Deputy Chiefs.

Non Essential employees will have to be determined at the onset of a public health emergency but could include Administrative Aids and part time civilian employees.

Policy

The Colonie Police Department's operational plan in the event of a declared public health emergency is as follows:

Non-essential employees:

If work schedules must be altered to facilitate social distancing, or work shifts must be staggered because of a stay at home order, several of our Administrative Assistants currently have the capability to work from their homes to ensure continuity with the Police Department's record keeping. Additional laptops may be required and purchased if the need arises.

Essential employees:

The following essential employee titles must report to work due to the nature of their job:

Patrol Officer including

Traffic Safety

Sergeant

Lieutenant

The schedule for the above employees are already staggered for various reporting times. For those who mostly work in the building there is ample room for employees to social distance.

Other essential employees:

The following employees remain essential, but due to the nature of work performed they may be able to reduce work hours/telecommute:

Investigators

Deputy Chief

Chief

A schedule should be implemented that affords necessary office hours with reduced time physically at the workplace. This will be accomplished by half days physically in the office, with the other half dedicated to telecommuting.

Personal Protective Equipment

The Colonie Police Department has delineated which employees are at risk for exposure in the Infectious Disease Exposure Control Plan (attached). Non-essential employees will be given a supply of surgical masks to wear when reporting to work. Alcohol based hand sanitizer shall be available at every office at the Police Department. A large supply of plastic face shields exists and may be distributed to office staff if requested.

Essential workers have a readily available supply of sanitizer, gloves, N95 masks, surgical masks, and face/eye shields. A dedicated PPE supply cabinet has been installed in the closet on the first floor. The Administrative Lieutenant or his designee shall ensure adequate restock supplies exist in that cabinet for essential employees to restock as necessary. A cleaning procedure for N95 masks has been instituted (Appendix I) and essential employees shall follow this policy in the event there is a shortage of N95 masks. In the event of a prolonged N95 shortage, all essential employees have been fit tested for 3M half face masks with P100 cartridges and these shall be deployed. The 3M half face mask is reusable equipment and sufficient replacement cartridges have been acquired to allow for prolonged use of half face masks until the return of normal supply chain. Main storage of all PPE exists in a storeroom which is temperature controlled. Stock is regularly 'cycled through' as it arrives from the supplier to prevent expiration and degradation. Access to all supplemental equipment can be gained by any member of the tactical team, Admin Lieutenant, and Admin Sergeant.

A cleaning procedure exists for cleaning of work stations and Police vehicles. The preferred method is to utilize the Optim 1 wipes, or similar brand, and/or a spray solution containing bleach. All areas that are susceptible to touch should be thoroughly wiped down. There is a log for when the Ozone Generator is used for Police vehicles. Work stations can further be decontaminated as necessary with either the ozone machine, or the Thymol Electrostatic Sprayer. A sufficient supply of Optim 1 wipes (0.5% hydrogen peroxide) will be available within each office to easily and readily decontaminate hard and soft surfaces.

Tracking of work hours

All work hours, including reporting times, reporting locations, and staffing levels, shall be maintained by the shift Lieutenant or his/her designee.

Prevention of spread

The Department maintains an exposure log to track all exposures of all employees and any associated coworkers. To limit cross contamination, briefings will be conducted outside by the sally port, everyone in attendance will maintain a 6-foot standoff and wear a face covering. Officers will not enter the building unless it is vital to his/her work. Officers will bring their

uniforms and equipment home so they can report to briefing directly from their car. At the beginning of each shift, employees shall self-screen for symptoms and take their temperature. Any reported illnesses will be relayed by the phone to their immediate supervisor. Should an employee display any sign or symptom of illness while they are working this operation plan shall be consulted for guidance. Disinfection of any areas that an employee has been in contact with shall commence immediately by the methods listed above in the section Personal Protective Equipment (wiped down, electrostatically sprayed, cleaned with ozone, cleaned with Optim 1 wipes). Testing, treatment and isolation shall be performed within the currently delineated procedures based upon the pathogen that the employee has been exposed to. The Department shall follow the most current Albany County Health Department, NYS Health Department and/or the current CDC guidelines. All employees will be granted leave per applicable bargaining unit contract and/or applicable federal, state, or local legislation to facilitate testing, treatment, isolation, and quarantine. With respect to COVID-19, the Department shall follow the Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure of Infection from the NYS Health Department.

When responding to a call for service the infectious disease status of the persons involved is frequently unknown by Police personnel. Therefore, all patients must be considered infectious. Blood and bodily fluid precautions must be taken with all patients. To minimize the risk of exposure, the Colonie Police Department will continue to provide to all field personnel with the following:

Infection control training as part of recruit orientation

- A. Infection control training as part of Police Orientation
- B. Annual training on infection control
- C. Issue the following personal protective equipment to all personnel: Surgical/ N95 masks and a pouch to carry latex gloves
- D. Provide the following personal protective equipment on each vehicle: disposable gloves, face masks, cleaning and disinfecting supplies
- E. Hepatitis-B immunization offered to all members who function in field operations and have occupational exposure to blood borne pathogens

The Colonie Police Department believes that its members have the right to be fully informed if a patient is found to carry a communicable disease and if a probable exposure has occurred. The responsibility for informing the Colonie Police Department, State or County Health Departments, rests with the medical institution receiving the patient within the constraints of NYS laws. It is the responsibility of the Department members to contact the Shift Supervisor and report any actual or suspected exposure. The Shift Supervisor shall confer with a Captain from EMS who shall function as the infection control officer. The Shift Supervisor shall make a determination if an exposure has occurred and ensure appropriate documentation is completed. If the Supervisor is unsure he/she should consult with a Lieutenant for further guidance. Documentations should

include a General Incident Report, Exposure Form, and Workers Comp documentation if applicable.

Exposure Determination

All sworn police personnel are considered to be at a higher risk of exposure due to their assignment to field duty and performance of emergency medical care.

The following personnel have been determined to be at a lower risk of exposure due to their assignment in the office:

- A. Administrative Aides
- B. Communicators

Although certain personnel may be at a lower risk of exposure there is still a risk therefore face masks and other appropriate PPE will be required to be worn as per the Dept. of Health guidelines.

Roles and Responsibilities

- A. The Officer- Must assume responsibility for his/her own health and safety and use appropriate personal protective equipment as the situation dictates. In addition, members are responsible for reporting any occupational exposure or diagnosis of communicable or infectious diseases (occupation or non-occupational) to their Supervisor.
- B. Infection Control Liaison- The Shift Sergeant shall be responsible for acting as a liaison between the Officer and the infection control officer which typically will be the Captain of EMS. This includes, but is not limited to the following:
 - 1. Assisting personnel in identifying exposures or potential exposures
 - 2. Direct any immediate measures to mitigate the exposure
 - 3. Contact the infection control officer to report exposures and start follow-up
 - 4. Supervise to ensure compliance with this SOP
 - 5. Confer with the Medical Director if warranted
- C. Infection Control Officer- Will act according to their policy and procedures.
- D. General Workplace Controls/Body Substance Isolation Precautions-

- (a) **Precautions shall be observed to prevent contact with blood, body fluids or other infectious waste during all police contacts. Unless extraordinary circumstances exist where the use of precautions would prevent the delivery of care or would pose an increased safety risk.**

1. Personnel Protective Equipment (PPE)- PPE shall be used to assist isolating the Officer from bodily fluid. For determination of appropriate PPE in various prehospital settings, refer to NYS DOH recommendations Appendix #1. PPE is provided by the department, in various sizes, at no cost to the Officer.
 - a. Gloves are standard disposable examination gloves (nitrile), kept in all units. All members must carry disposable gloves and hand wipes when on duty. Members should stock their uniform pockets from either the station or vehicle glove supplies. If products are running low, then Officers should notify their Supervisor or the Training Division.
 - b. N95 Masks are assigned to each Officer.
 - c. Face Shields are assigned to each Officer
 - d. Sanitizer is assigned to each Officer
 - e. 3M half face masks with P100 cartridges
2. Hand washing- Gloves are not a substitute for hand washing. Members shall wash their hands, skin and mucous membranes as soon as possible after removing gloves and after contact with blood/body fluid. Hands and contaminated skin surfaces shall be washed with soap and hot water by lathering the skin and vigorously rubbing together all lathered surfaces and then thoroughly rinsing with water. If hand washing facilities are not available, then disinfectant hand wipes shall be used to clean skin surfaces until they can be washed. These hand wipes should also be carried in the member's personal glove pouches.
3. Disinfecting. All cleaning and decontamination of Police equipment (interior of vehicle, computers, radios, etc.) shall be accomplished in compliance with NYS DOH guidelines (https://coronavirus.health.ny.gov/system/files/documents/2020/08/interim-guidance-public-and-private-facilities_0.pdf) for cleaning and disinfection of vehicles and equipment. In the event the vehicle's contamination is beyond what an Officer can disinfect the Training Division will seek the services of a professional decontamination company.
 - * All cleaning, disinfecting by Officers shall be done while taking appropriate body substance isolation precautions.

4. Contaminated Reusable Equipment- All equipment shall be cleaned/disinfected utilizing the Optim 1 wipes or a similar solution.

Contaminated Uniforms

Contaminated clothing shall not be removed from the station or taken home prior to being washed or decontaminated. All members shall have a change of uniform clothing while on duty. In the event of contamination with blood or body fluids, the articles shall be removed (as soon as practical) and placed in a Haz-Mat bag until it can be washed. Appropriate precautions shall be taken while handling contaminated clothing. The clothing shall be brought to EMS and they can assist in the decontamination procedure. The member is responsible for cleaning/decontamination of his/her own uniforms.

Appendix I

Colonie Police N-95 Sanitation and reuse protocol

Introduction:

We continue to have a steady supply of personal protective equipment including N-95 masks. Any help we can provide to a strained supply chain will help multiply our valuable resources. We are putting into effect a new procedure that will ensure your safety and effective and reliable conservation of our supplies.

With the future of our supplies in mind Colonie Police is moving forward with an alternate method of sterilization of N-95 masks. The use of Ultraviolet Light has been a standard sterilization technique for science labs, food production, and hospitals. Also called Ultraviolet Germicidal Irradiation (UVGI), this method provides a chemical free way of killing or inactivating microorganisms on a sub-cellular level. UVGI is specifically adept at targeting the SARS-CoV-2 (Coronavirus) structure when used in these methods.

Methods:

This program utilizes the methods referenced in the article by John J. Lowe, et al. The current plan involves a UV sterilizer from Siena College, which currently is on loan, and is placed in EMS. In the event it has been returned to Siena College they should be contacted and a request should be made for its use. This allows us to deliver the recommended duration, intensity, and thorough irradiation to render pathogens inactive.

It is important to note that there is **NO CHANGE** to the recommended use of N-95 masks, and other universal precautions. These remain the gold standard in protection. Our goal is to continue to have a steady supply of N-95 masks available as needed.

As part of your daily routine and proper use of N-95 masks, we ask that you not dispose of them in a trash bin. As a means of safe storage for the N95 masks, that will be placed in the UV sterilizer, they should be stored in a paper bag with your name on it. Bring your bag to the training unit so they can facilitate the cleaning. From there, the masks will be carefully removed from the bag, put into the UV "Oven", and sterilized. It will be returned to you in a clean paper bag.

Conclusion:

Your safety is paramount. The supporting articles on this subject provide some of the best information based on previous and current studies. The loaned equipment from Siena College, which is at Colonie EMS, provides a precise method of delivering the adequate radiation, and is used in their genetic and biology labs for similar sterilization techniques.

This protocol is based in sound, peer reviewed scientific methodology, and has the expressed support of Dr. Dailey and Chief Kostyun. We aim to provide you with the best way to keep you and your families safe in these times of uncertainty. This method will provide us with exactly that.

Research & Sources:

<https://www.nebraskamed.com/sites/default/files/documents/covid-19/n-95-decon-process.pdf>

Specific Mask Sanitization Procedures:

Visually Inspect mask-

Is mask soiled, saturated, or not structurally intact?

If YES?

Dispose of mask in appropriate receptacle and get new mask

If NO?

- Carefully remove mask
- Place mask in BROWN paper bag
- Fold top of brown bag several times
- Place brown bag in a safe location
- See someone in training if you want your mask put in the UV tank

Town of Colonie Emergency Medical Services Public Health Emergency Operational Plan

Introduction

This plan is designed to comply with NYS Labor Law Section 27-C – *Duty of public employers to develop operation plans in the event of certain declared public health emergencies*. It is to be used in conjunction with the Town of Colonie Comprehensive Emergency Management Plan, the EMS Department’s Continuity of Operations Plan, the EMS Department’s Standard Operating Guidelines, and the Department’s Infectious Disease Exposure Control Plan.

Definitions

- Essential employee – an employee that is physically required to be present at a worksite to perform his or her job.
- Non-essential employee – an employee that is not required to be physically present at a worksite to perform his or her job.
- Communicable disease – an illness caused by an infectious agent or its toxins that occurs through the direct or indirect transmission of the infectious agent or its products from an infected individual or via an animal, vector or the inanimate environment to a susceptible animal or human host.
- Contractor – an individual performing services as a party to a contract awarded by the Town of Colonie.
- Retaliatory action – the discharge, suspension, demotion, penalization, or discrimination against any employee, or other adverse employment action taken against an employee in the terms and conditions of employment.

Job Functions

The following job titles are considered **essential**. Each has an accompanying statement of job description and justification for being deemed essential:

- **Emergency Medical Technician** - These duties involve responsibility for providing emergency medical services in accordance with NYS law and Regional Treatment Protocols. Employees in this position must be able to safely operate specially equipped emergency medical vehicles. Emergency Medical Technicians participate in the delivery of medical care to patients and to those who require being rescued from environments such as hazardous materials, motor vehicle crashes, confined spaces, water, as well as low and high angle rope rescue and other potentially hazardous situations. Emergency medical technicians must operate vehicles to respond to the scene of the sick or injured patient. They must be at the patient’s direct location to evaluate, treat, reevaluate and move and transport the sick or injured patient to the hospital.
- **Paramedic** - These duties involve responsibility for providing emergency medical services in accordance with NYS law and Regional Treatment Protocols. Employees in this position must be able to safely operate specially equipped emergency medical

vehicles. Paramedics participate in the delivery of medical care to patients and to those who require being rescued from environments such as hazardous materials, motor vehicle crashes, confined spaces, water, as well as low and high angle rope rescue and other potentially hazardous situations. Paramedics must operate vehicles to respond to the scene of the sick or injured patient. They must be at the patient's direct location to evaluate, treat, reevaluate and move and transport the sick or injured patient to the hospital.

- **EMS Point of Distribution Aide** – The duties involve administering vaccinations, screening and observing the vaccine recipient. The Point of Distribution Aide is in close contact with patients, members of the public and other health care providers.
- **Emergency Medical Services Captain** – The duties involve field supervision of department staff on assigned shift and performance of administrative tasks when assigned by an Emergency Medical Services Assistant Chief. Incumbents serve as full paramedics providing patient care, assumes medical command and observes patient care to insure compliance to quality assurance standards and Department SOPs, conducts shift briefings and in-service training for personnel on shift, provides direct patient care. The EMS Captain must be at the assigned workplace to perform administrative tasks – collection and collation of paperwork to ensure quality control and completeness and readiness for billing. The EMS Captain is also the direct front line supervisor and must be present with the patient to assist and direct treatment and transportation of the patient, conduct training and daily briefings.
- **Emergency Medical Services Assistant Chief*** - Duties include management of assigned areas such as operations, staffing, training, human resources, purchasing practices and supply inventory. In addition to the management duties, the duties also involve responsibility for direct supervision of captains and acting shift commanders as well as administrative support for field operations to include scheduling of personnel, in-service training. The incumbent will respond to emergencies and assume the responsibility of medical command and will provide assistance to the EMS Captain, and provide direct patient care if necessary. The assistant chief will function as the shift commander when scheduled on a rotating basis and to cover open shifts when needed. The EMS Assistant Chief must be at the assigned workplace when filling in for the EMS Captain, or when patient condition/severity of incident dictates they be present in person to assist with resolution of the emergency. When scheduled administratively, this title may qualify for an altered/modified/staggered work schedule. Some administrative duties may be eligible for telecommuting.
- **Emergency Medical Services Deputy Chief*** - Duties include management of assigned areas including supervision of Assistant Chiefs, Captains, Paramedics and EMTs, may provide direct patient care as necessary and may assist with field staffing when necessary.
- **Emergency Medical Services Chief*** - Duties include general administration of the EMS Department, authorizing expenditures, ensures compliance with department procedures, practices and protocols, prepares department budget and related activities, may act in the role of paramedic as required.

*** The job titles of Chief, Deputy Chief and Assistant Chief may be eligible for telecommuting on a case by case basis for at least a portion of the workweek depending on the incumbent's work load for that given week. Further, these titles may also qualify for altered/modified/staggered work schedules as deemed appropriate based upon workload.**

The following job titles are considered **non-essential**. Each has an accompanying statement of job description and justification for being deemed non-essential:

- **Principal Clerk** – plans, assigns and reviews clerical work and instructs employees in the details of specialized clerical work, develops improved work procedures and methods, receives and reviews complaints, maintains complex activity control records, schedules workloads and flow and coordinates the work with that of other units, maintains complex indexing, coding and filing systems, supervises and participates in the maintenances of routine financial and stock control records.
- **EMS Billing Clerk** – reviews patient care and billing information for completeness, codes billing information in computer, enters data in computer, contacts hospitals to retrieve missing or correct incorrect information, coordination of health provider's codes and information using web based sites for the purpose of billing, responds to patient questions regarding billing.
- **Seasonal employees (EMS Instructors/CPR Coordinator)** – The duties involve conducting EMT/CFR and AHA training courses via lecture and lab sessions, evaluating students, formulating and grading tests and quizzes. Scheduling of lab staff from EMT/Paramedic work pool.

Policy

The EMS Department's operational plan in the event of a declared public health emergency is as follows:

Non-essential employees:

In the event that work schedules must be altered to facilitate social distancing or work shifts must be staggered in the front office, the EMS Billing Clerk shall report to Town Hall, small conference room, to work. The Principal Clerk shall work alone in the EMS front office. There shall be no more than 1 person regularly working in the front office at a time.

In the event that there is a stay at home order/reduction of office hours that requires not reporting to work and involves telecommuting, computer hardware from the front office (spare computers) shall be installed at their place of residence (Billing Clerk and Principal Clerk). MIS will facilitate connection to home internet in order to perform essential job functions. All billing and patient records are cloud based enabling the EMS Billing Clerk to perform job functions via telecommuting. Many office functions (Great Plains, billing backup, etc.) are all cloud based enabling the employee to telecommute. There shall be a 1 day per week minimum that the Principal Clerk reports to the workplace to deal with mail, invoices, and purchasing etc. The Administrative EMS Captain shall check voicemail daily in the absence of the Principal Clerk, recording messages and making follow-up phone calls.

MIS should check the feasibility of forwarding phone calls to a Department cell phone for the Principal Clerk to use during normal office hours if the stay at home order is to be long term.

Essential employees:

The following essential employee titles must report to work due to the nature of their job:

Emergency Medical Technician

Emergency Medical Services Captain

Paramedic

The work shift for the above employees are already staggered for various reporting times. There is ample room at each station for employees to social distance. Shifts are as follows:

Day shift

Station 1 – 0600-1800 1 employee (EMS Captain)

Station 1 – 0700-1500 1 employee (EMS Captain)

Station 1 – 0900-1700 2 employees

Station 2 – 0600-1800 2 employees

Station 3 – 0600-1800 3 employees

Station 3 – 1100-1900 2 employees

Station 4 – 0600-1800 2 employees

Station 4 – 0800-2000 2 employees (relocates to Station 5)

Station 6 – 0600-1800 1 employee

Night Shift

Station 1 – 1800-0600 1 employee

Station 2 – 1800-0600 2 employees

Station 3 – 1800-0600 3 employees

Station 4 – 1800-0600 2 employees

Station 6 – 1800-0000 2 employees

Station 6 – 0000-0600 1 employee

Consideration may be given to relocate units to alternative sites based on the COOP (MTB, public operations, Shaker Road FD Station 2).

Other essential employees:

The following employees remain essential, but due to the administrative nature of work performed may be able to reduce work hours/telecommute:

EMS Chief

Deputy Chief

Assistant Chiefs

To prevent cross contamination and potential exposure/quarantine/illness to multiple members of upper management, the Chief and Deputy Chief shall stagger their work schedules to avoid direct contact within the same work day. This will also reduce the number of employees present in the Department's HQ.

A schedule should be implemented that affords necessary office hours with reduced time physically at the workplace. This will be accomplished by half days physically in the office, with the other half dedicated to telecommuting. The Chief, Deputy Chief and Assistant Chiefs have cell phone access through the Town and can be given laptop computer to implement telecommuting.

Personal Protective Equipment

The EMS Department has delineated which employees are at risk for exposure in the Infectious Disease Exposure Control Plan (attached). Non-essential employees will be given a supply of surgical masks to wear when reporting to work, and a plastic physical barrier has been installed to facilitate distancing and enhanced safety in the EMS front office. Alcohol based hand sanitizer shall be available at every desk in the department. A large supply of plastic face shields exists and may be distributed to office staff if requested.

Essential workers have a readily available supply of gloves, N95 masks, face/eye shields, aprons/gowns, and eye protection in their ambulances, rapid response vehicles, and stations. A dedicated PPE supply cabinet has been installed in the garage of Station 1 to facilitate resupply. The Administrative EMS Captain shall ensure adequate restock supplies exist in that cabinet for essential employees to restock as necessary. A cleaning procedure for N95 masks has been instituted (attached), and essential employees shall follow this policy to ensure adequate supply of N95 masks. In the event of a prolonged N95 shortage, all essential employees have been fit tested for 3M half face masks with N95/P100 cartridges and these shall be deployed. The 3M half face mask is reusable equipment and sufficient replacement cartridges have been acquired to allow for prolonged use of half face masks until the return of normal supply chain. Additional respiratory PPE available includes battery powered air purifying respirators, and fully self-contained breathing apparatus. The Department maintains a more than adequate supply of PPE (gloves, respiratory, eye) protection to last at least 1 year. Main storage of all PPE exists at EMS Station 4, a temperature controlled store room. Substock is stored at EMS Station 1, also a temperature controlled storage facility. Stock is regularly 'cycled through' as it arrives from the supplier to prevent expiration and degradation. Access to all supplemental equipment can be gained by any Captain, Assistant Chief, Deputy Chief, or Chief.

A cleaning procedure exists for cleaning of stations and ambulances on the daily activity log. Crew quarters and work stations can further be decontaminated as necessary with either the ozone machine, or the thymol electrostatic sprayer. A sufficient supply of Optim 1 wipes (0.5% hydrogen peroxide) at all work place/stations to easily and readily decontaminate hard and soft surfaces.

Tracking of work hours

All work hours including reporting times, reporting locations, staffing levels and co-located staff shall be tracked by the EMS Department's scheduling software. Precise working hours can be obtained through the time clock feature located within the scheduling software.

Prevention of spread

The Department maintains an exposure log to track all exposures of all employees and any associated coworkers. At the beginning of each shift employees shall self-screen for symptoms and take their temperature. At the beginning of each shift the shift commander reviews the self-screening for completion compliance. Any answer that may indicate an employee is ill is automatically sent via text message to the shift commander and Assistant Chief for HR/Scheduling. Should an employee display any sign or symptom of illness they shall immediately be quarantined with a mask away from all other employees. The Infectious Disease Exposure Plan shall be immediately be consulted for guidance. Disinfection of any areas that such an employee has been in contact with shall commence immediately by the methods listed above in the section Personal Protective Equipment (wiped down, electrostatically sprayed, cleaned with ozone, cleaned with Optim wipes). Testing, treatment and isolation shall be performed within the currently delineated procedures based upon the pathogen that the employee has been exposed to. The Department shall follow the most current Albany County Health Department, NYS Health Department and/or the current CDC guidelines. The Department's infectious disease officer (Medical Director) shall be consulted in all cases where an exposure results in illness. All employees will be granted sick leave per applicable bargaining unit contract to facilitate testing, treatment, isolation and quarantine." The sick leave provisions in the contracts don't cover quarantine and for some of these items people were/are being paid of the now-expired FICRA and NYS Emergency Paid Sick Leave. With respect to COVID-19, the Department shall follow the Protocols for Essential Personnel to Return to Work Following COVID-19 Exposure of Infection from the NYS Health Department.

Appendices

- I. Colonie EMS Infectious Disease Exposure Control Plan
- II. Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection (7/3/2020)
- III. N95 Mask Sanitization and Reuse Protocol
- IV. Colonie EMS Continuity of Operations Plan
- V. COVID-19 Pandemic Response and Protocols for Reopening Town Government Offices
- VI. Daily Station Assignments/Cleaning Schedule
- VII. COVID-19 exposure flow chart
- VIII. Town of Colonie Comprehensive Emergency Plan ([link](#))

Appendix I

Colonie EMS Infectious Disease Exposure Control Plan

Introduction/Policy Statement

The Colonie EMS Department recognizes the potential exposure of members to communicable diseases in the performance of duties and in the normal work environment. The Department is committed to a program that will reduce this exposure to a minimum and take feasible measures to protect the health of the members.

In the emergency setting, the infectious disease status of patients is frequently unknown by EMS personnel. Therefore, all patients must be considered infectious. Blood and body fluid precautions must be taken with all patients. To minimize the risk of exposure, the Colonie EMS Department has and will continue to provide to all field personnel with the following:

- F. Infection control training as part of recruit orientation
- G. Mandatory annual refreshers on infection control as part of the regular CME program to supplement training received from NYS DOH training courses
- H. Issue the following personal protective equipment to all personnel: protective eyewear and pouch to carry eyewear and examination gloves
- I. Provide the following personal protective equipment on each vehicle: disposable examination gloves, face masks, gowns, eye shields, cleaning and disinfecting supplies
- J. Hepatitis-B immunization offered to all members who function in field operations and have occupational exposure to blood borne pathogens

The Colonie EMS Department believes that its members have the right to be fully informed if a patient is found to carry a communicable disease and if a probable exposure has occurred. The responsibility for informing the Colonie EMS Department, State or County Health Departments, rests with the medical institution receiving the patient within the constraints of NYS laws.

It is the responsibility of the Department members to contact the Shift Commander and report any actual or suspected exposure. The Shift Commander shall act as a liaison to the Department's Medical Director who shall function as the infection control officer. The Shift Commander shall make a determination if an exposure has occurred and contact the Department Medical Director for appropriate medical follow-up.

I-Exposure Determination

The following Colonie EMS personnel are considered to be at risk of exposure due to their assignment to field duty and performance of emergency medical care and rescue duties (for activities likely to result in exposure and suggested personal protective equipment, see Appendix #1):

- A. Emergency Vehicle Operators
- B. Certified First Responders
- C. Emergency Medical Technician
- D. Paramedic

- E. Level I EMS Instructor
- F. EMS Chief, EMS Deputy Chief, EMS Medical Director
- G. EMS Assistant Chief, EMS Captain
- H. EMS Point of Distribution Aide

The following personnel have been determined not to be at risk of exposure due to their assignment in the office:

- A. Administrative Aide
- B. EMS Billing Clerk
- C. Level II and III EMS Instructors

II—Roles and Responsibilities

- A. The Member. Must assume responsibility for his/her own health and safety and use appropriate personal protective equipment as the situation dictates. In addition, members are responsible for reporting any occupational exposure or diagnosis of communicable or infectious diseases (occupation or non-occupational) to the infection control officer or liaison.
- B. Infection Control Liaison. The Shift Commander (615) shall be responsible for acting as a liaison between the member and the infection control officer. This includes, but is not limited to the following:
 - 1. Assisting personnel in identifying exposures or potential exposures
 - 2. Direct any immediate measures to mitigate the exposure
 - 3. Contact the infection control officer to report exposures and start follow-up
 - 4. Supervise to ensure compliance with this SOP
 - 5. Contacting hospitals to obtain infection follow-up information
- C. Infection Control Officer. The Medical Director (605) shall act as the infection control officer. Responsibilities include, but are not limited to:
 - 1. Serve as a designated officer as required by the Comprehensive AIDS Resources Act of 1990 (PL 101-381)
 - 2. Develop criteria for infection control supplies, protective equipment and assist in policy development
 - 3. Evaluate reported exposures and coordinate post-exposure medical follow-up and counseling in accordance with NYS DOH recommendations.
 - 4. Monitor infection control training for accuracy
 - 5. Monitor delivery of vaccination program

III—General Workplace Controls/Body Substance Isolation Precautions

Body Substance Isolation Precautions. Body Substance Isolation precautions shall be observed to prevent contact with blood, body fluids or other infectious waste during all patient contacts.

Unless extraordinary circumstances exist where the use of Body Substance Isolation precautions would prevent the delivery of care or would pose an increased safety risk.

1. Personnel Protective Equipment (PPE). PPE shall be used to assist isolating the member from the patient's blood and body fluids. For determination of appropriate PPE in various prehospital settings, refer to NYS DOH recommendations Appendix #1. PPE is provided by the department, in various sizes, at no cost to the member.

a. Gloves are provided: standard disposable examination gloves (nitrile), kept in all units sterile disposable that are stocked in ambulances; leather gloves are either assigned or located in the pockets of turnout coats. Leather gloves are used during extrication situations, over nitrile gloves, to prevent puncture. These leather gloves offer increased dexterity over firefighting gloves. All members must carry disposable gloves and hand wipes when on duty. Members should stock their uniform pockets from either station or vehicle glove supplies.

- (1) If any item is saturated with more than 50 ml of blood or contains body tissues it may be disposed of in infectious waste containers, otherwise they may be disposed of in the regular trash
- (2) Eye Protection is assigned to all personnel in the form of OSHA approved safety glasses. Combination facemask/eye shields are available in the infection control cabinet/bag in each unit. These should be used over prescription eyewear or in cases where assigned eye protection is not available.

b. N95 Masks are available in the infection control cabinet and primary bag in each unit.

c. Gowns are available in the infection control/bag in each unit.

d. Disposable Airway Management/Ventilation Adjuncts. All oxygen therapy masks/cannulas, airways, suction, ventilation and intubation supplies are disposable and are standard equipment on all units. These disposable airway adjuncts are to be used to prevent direct rescuer contact with the patient's respiratory secretions.

2. Hand washing. Gloves are not a substitute for hand washing. Members shall wash their hands, skin and mucous membranes as soon as possible after removing gloves and after contact with blood, body fluid, after handling medical waste, and after cleaning and disinfecting medical equipment. Hands and contaminated skin surfaces shall be washed with soap and water by lathering the skin and vigorously rubbing together all lathered surfaces and then thoroughly rinsing with water. If hand washing facilities are not available, then disinfectant hand wipes (in the infection control cabinet/bag) shall be used to clean skin surfaces until they can be washed. These hand wipes should also be carried in the member's personal glove and eye shield pouches.

- a. Members with extensive skin lesions or dermatitis on the hands, arms, head, face or neck shall not engage in direct patient contact, handle medical equipment or medical waste.
 - b. Washing following patient contact shall be done in designated locations at medical facilities and stations. Hand washing shall not be done in the kitchen or eating quarters of any station.
 - c. Hand washing shall be done in the following situations:
 - (1) After contact with or handling infectious materials
 - (2) Decontamination activities
 - (3) Before eating
 - (4) After going to the restroom
 - (6) After handling food
 - d. Hand lotions are available to assist in prevention of chapped hands.
3. Sharps. All contaminated sharp objects such as needles, scalpels, catheter stylets and other sharp objects shall be handled with extraordinary care. Contaminated needles shall not be recapped, bent or broken following use. All sharp objects shall be immediately placed in the puncture proof red sharps containers located in all drug bags and field units.
 4. Use of Ventilation Adjuncts. Bag-Valve Masks, ATV, and pocket masks with one-way valves are available to minimize rescuer contact with blood, body fluids and respiratory secretions. They shall be used whenever possible during all resuscitations to eliminate the need for mouth-to-mouth resuscitation. Mouth-to-mouth resuscitation should be considered a last resort method of ventilation.
 5. No Eating, Drinking, Smoking in Biohazard Areas. Eating, drinking, smoking, applying cosmetics, applying lip balm, handling contact lenses is not permitted in the patient compartment of ambulances, at emergency scenes or in work areas where there is a reasonable likelihood that exposure to infectious substances could occur.
 - a. Food or drinks shall not be kept in areas where infectious waste materials are present.
 6. Disinfecting and Disposal. All cleaning and decontamination of items shall be accomplished in compliance with NYS DOH guidelines for cleaning and disinfection of vehicles and equipment. These guidelines are in Appendix #2 and are posted in each EMS station and shall apply to all equipment, either Department or personal. Cleaning supplies are located at all stations and in the infection control cabinet/bag in each unit.
 - a. Yellow biohazard bags denote contaminated blankets and uniforms to be decontaminated by washing. Washing machines are located at all EMS stations. Yellow bags items are to be washed as soon as possible upon return to the station. Cleaning towels are to be placed in the yellow biohazard barrels at the stations for washing each shift.

- b. Red bags denote saturated contaminated waste to be disposed of at the hospital or in the red biohazard barrels at the stations.
 - * All cleaning, disinfecting and disposal of items shall be done while taking appropriate Body Substance Isolation precautions.
 - * Cleaning, disinfection and disposal shall be performed in the designated areas of each station away from living and eating quarters.
- 7. Contaminated Reusable Equipment. All equipment shall be cleaned/disinfected in accordance with NYS DOH guidelines (see Appendix #2). All equipment which requires high level disinfection or sterilization has been replaced with single patient use disposable items. Other equipment such as splints, spine boards, collars, stretchers, etc. which have been contaminated with blood or body fluids requires either low or intermediate level disinfection. This disinfection shall be carried out in accordance with NYS DOH guidelines in Appendix #2. Cleaning supplies specified in this guideline are located in the infection control cabinet/bag located in each unit and at EMS stations.
- 8. Contaminated Linen. Sheets, pillowcases and other articles of linen shall be placed in the appropriate linen container at the hospital the patient is transported to. Clean sheets and pillowcases are available at each medical facility in our service area. Used linen shall be traded for clean linen at the next hospital a patient is transported to.
 - A. Contaminated Blankets. Contaminated blankets shall be yellow bagged and washed as soon as possible upon return to the station. EMS personnel shall wash blankets after appropriate Body Substance Isolation precautions have been taken. Washing instructions shall be posted in the wash area.
 - B. Contaminated Uniforms. Contaminated clothing shall not be removed from the station or taken home prior to being washed or decontaminated. All members shall bring a change of uniform clothing while on duty. In the event of contamination with blood or body fluids, the articles shall be removed (as soon as practical) and yellow bagged until it can be washed. Appropriate Body Substance Isolation precautions shall be taken while handling contaminated clothing. Washing instructions shall be posted in the wash area. If infectious material soaks through clothing to the body, a shower shall be taken as soon as possible.
 - a. The member is responsible for cleaning/decontamination of his/her own uniforms.
 - C. Contaminated Patient Clothing. Patient clothing shall be yellow bagged and left with the patient at the hospital.
- 9. Disposal of Medical Waste. Disposable items, which have come into contact with body substances, shall be considered medical waste.
 - a. Sharps containers shall be disposed of by sealing the puncture proof sharps container lid and taking it to the hospital. Sharps containers shall be sealed and disposed of when they are one-half to three-quarters full.

- b. Waste shall be placed in a clear bag unless saturated.
- 10. Ambulance Cleaning and Decontamination. The ambulance and its interior work surfaces shall be decontaminated according to NYS DOH guidelines posted in the stations and listed in Appendix #2. This decontamination shall be performed whenever a surface in the unit is contaminated by blood or body fluid. Ambulances shall have periodic cleaning as specified in Appendix #2 on a weekly basis. Cleaning/decontamination supplies are located in the stations and infection control cabinet/bag located in each unit.
- 11. Scene Clean-Up. The clean-up of emergency scenes shall be the responsibility of responding public safety personnel. Scene medical waste shall be red or clear bagged as necessary and disposed of as per 6-b. Generally, responding Department personnel, utilizing appropriate Body Substance Isolation precautions, should clean the scene. However, if patient severity dictates immediate departure, first responders should be asked to bag any waste and dispose of it in the appropriate containers.

V–Hazard Communication

- A. Red Bags shall be considered to contain saturated biohazard contents. They may or may not have a biohazard insignia affixed; Red bagged or red container substances shall be considered a biohazard and handled according to procedures outlined in Section II.
- B. Yellow bags shall also have a biohazard label attached. Yellow-bagged items include contaminated blankets or uniforms that need to be washed. Yellow-bagged items shall be considered a biohazard and handled according to procedures outlined in Section II.
- C. BioHazard Insignia shall denote biohazard substances. This insignia shall be on containers, bags or any containers used to ship or transport infectious or potentially infectious waste.
- D. Material Safety Data Sheets. MSDS sheets for cleaning and disinfecting agents shall be available in the OSHA/MSDS binders located in each cleaning area.
- E. Clear bags contain contaminated waste, which is not completely saturated, and does not contain needles or body tissue. Waste may be disposed of in a regular trash can.

VI–Exposure/Post Exposure Follow-up

- A. Exposure is defined as contact with an infectious agent (blood or body fluid) through the eyes, mouth, mucous membranes, non-intact skin, percutaneous injection or cuts by sharp objects that are contaminated. Exposure is considered job related if it occurs during the performance of an employee's duties.
- B. While Body Substance Isolation precautions are designed to prevent contact with all unknown body fluids, the National Center for Disease Control has identified the following HIV/HBV risk factors with the following body fluids:

1. High Exposure Risk
 - a. Blood
 - b. Semen
 - c. Vaginal/Cervical Secretions
 2. Possibly an Exposure Risk
 - a. Pericardial, Peritoneal Fluid
 - b. Synovial Fluid
 - c. CSF
 - d. Amniotic Fluid
 3. Not an Exposure Risk for HBV/HIV unless mixed with substances from 1 a-c or 2-a-d. It must be remembered that these fluids may carry other diseases and should be considered potentially infectious.
 - a. Sweat, Tears, Saliva
 - b. Feces, Urine, Vomit
 - c. Sputum, Nasal Secretions, Respiratory Droplets
 - d. Breast milk
- C. Any time a member thinks he/she has had an exposure or potential exposure, the member has the responsibility to do the following:
1. Take immediate measures to minimize the impact of the exposure by following the protocol recommended by the NYS DOH (Appendix #3). A copy of this protocol is in the NYS DOH Prehospital Provider Guide to AIDS, which is located in each ambulance.
 2. Contact the Shift Commander. The Shift Commander will act as the liaison with the infection control officer (medical director) and assist in determining if an exposure occurred, the severity and direct any immediate actions.
 3. Complete an incident report and infectious exposure addendum on the reverse of the Incident Report Form.
- D. Shift Commander shall assess the potential exposure and direct any immediate action. If an exposure actually occurred:
1. The member shall report to the emergency department where the patient was transported for assessment and treatment.
 2. Incident/exposure report shall be forwarded to the infection control officer for follow-up and workers-comp paperwork should be completed.
- E. Copies of all documentation shall be routed to the infection control officer for review and placement in the member's health file.
- F. Exposure follow-up will be at no cost to the member.

VII—Hepatitis B Immunization Program

In December of 1991, the Department commenced its voluntary Hepatitis B immunization program and made immunization available to all members, free of charge and without any pre-testing required. Initial education on infection control, HBV/HIV and blood borne pathogens was

and continues to be included in the recruit orientation course, which is mandatory for all members. All members were asked to either accept or decline the HBV vaccination in writing. This immunization program conforms to the standards published initially by the NYS DOH in January of 1990 and updated to comply with 29 CFR Part 1910.1030.

- A. HBV immunization program will continue as a voluntary program for all members. All members will be offered the initial vaccination during the recruit orientation course. The first injection must be completed and appointments scheduled for injection #2 and #3 prior to the end of the course and assignment to field duty.
- B. If a member initially declines the vaccine but decides he/she wants it at a later date, he/she may receive it at no charge by contacting the EMS Office.

VIII–Training

All Department field personnel have and will continue to receive training in Infection Control, Body Substance Isolation precautions and Blood Borne Pathogens in the recruit orientation course. In addition, the refresher information is presented annually in the Department Continuing Medical Education Program. Effective immediately, this annual CME information shall be considered mandatory for active member status in the Department.

- A. Infection Control Training Objectives. A copy of OSHA regulatory requirements will be made accessible to participants to refer to. Both the initial course and annual refreshers will be targeted to refresh the following course objectives. At the completion of this training, the member will be able to:
 1. Explain the epidemiology and symptoms of blood borne diseases in general terms
 2. Explain the Department's exposure control plan (Dept. SOP-13-B1)
 3. Explain the modes of transmission of blood borne pathogens
 4. List the tasks that could involve exposure to blood or potentially infectious materials
 5. Explain the use and limitations of methods to reduce or prevent exposure to include:
 - a. Personal protective equipment
 - b. Engineering controls
 - c. Work practices
 6. Explain the location, use, removal, handling, disposal and decontamination of personal protective equipment
 7. Explain the basis for selection of personal protection equipment
 8. Explain the epidemiology of Hepatitis B, risks to pre-hospital care workers and the Department's free immunization program
 9. Explain specific actions to follow if exposed to blood or potentially infectious materials
 10. Explain the reporting and follow-up procedures to exposure

11. List the follow-up the Department is required to provide post-exposure
12. Explain how to recognize biohazard materials and packaging

B. Training Records.

The Department shall maintain in each member's file the following information and aforementioned training:

1. Date of the training.
2. Contents of the training session.
3. Name of the instructor conducting the session and qualification.
4. Training records shall be maintained for three years.
5. A training file with course curriculum and instructor qualifications.

IX—Medical Record Keeping

Each member's file shall be confidential and not disclosed or reported without the member's written consent to any person within or outside the workplace. The Town shall maintain these records for the member's term of membership/employment plus 30 years. This health record shall contain:

- A. Name and social security number
- B. Copy of the member's Hepatitis B vaccination status and dates of vaccination
- C. A copy of all examinations, medical testing, and follow-up procedures
- D. Copy of licensed healthcare professional's written opinion for post-exposure follow-up

X-Airborne Pathogens: *Mycobacterium Tuberculosis*

A. The Cause and Transmission of *Mycobacterium Tuberculosis* (Tb):

Mycobacterium Tuberculosis is carried in airborne particles (droplet nuclei) that are generated when a patient who has pulmonary or laryngeal tuberculosis sneezes, coughs, speaks or even sings. These small particles (1-5 microns) are easily kept airborne by normal air currents and spread around a room, building, or the patient compartment of the ambulance. Infection usually occurs when a susceptible person inhales droplet nuclei containing Tb. CEMS will define "susceptible" to be anyone in the immediate area of the patient contact that has not taken respiratory precautions.

Normally, between two and ten weeks after infection with Tb the body's immune system limits further multiplication and spread of the bacilli. Less than 1% of newly infected patients rapidly progress to clinical illness. However, approximately 5-10% of the infected parties will develop the illness after an interval of months, years or even decades. This occurs when the bacteria again begin to replicate and produce the disease.

In most active cases, the disease is treated with a regimen of antibiotic therapy; however, a new form of the disease referred to as Multiple Drug Resistant Tuberculosis (MDRTB) has been encountered in our area. This strain has proven resistant to up to six (6) of the most current

antibiotics used in TB treatment. Tuberculosis is not evenly distributed throughout all segments of the U.S. population, but tends to congregate or cluster in certain high-risk groups. These groups are:

- Alcoholics
- I.V. Drug users
- Prisoners
- HIV infected persons
- Nursing home residents
- Low income populations
- Refugees
- Contacts of active TB patients
- Chemotherapy patients
- Diabetes patients
- Steroid therapy patients
- Renal failure patients
- Some cancer patients
- Immunosuppressed patients

- B. Who is “Infectious?” For the purpose of identification of possible high-risk patients, all patients who have a TB history, and/or are from one of the previously mentioned high risk groups, and/or anyone having respiratory symptoms (cough, sputum production, fever, hemoptysis, chest pain exacerbated by respirations) lasting longer than two (2) weeks, are to be considered potentially infectious. Members are reminded that the spread of this disease can be from inhalation, ingestion, or direct inoculation. For this reason, the standard Body Substance Isolation precautions will be reinforced with increased respiratory precautions and personal protective equipment discussed later in this plan.
- C. TB Disease vs. TB Infection. Anyone who has tested positive for TB (via skin test) and patients who have had active TB and have been successfully treated, should be monitored routinely to ensure that the disease does not return to an active or infectious state. Symptoms of an infectious state may include: a productive and persistent cough, night sweats, hemoptysis, fever, unexplained weight loss, anorexia and chest pain exacerbated by respirations and fatigue. Take precaution when a patient has either a known or unknown TB history or if the patient exhibits some of the symptoms mentioned. It is not necessary for the symptoms to be present, and it is unlikely that all of the symptoms would be present until the later stages of an untreated TB infection.
- D. Mantoux Tuberculin Skin Testing. Since the best protection for guarding against the spread of M.tb or MDRTB is to take appropriate Body Substance Isolation precautions and early diagnosis of possible exposure, CEMS will offer to all staff M.tb testing as of January 1, 1996. CEMS will offer testing free of charge to all staff, and strongly recommends the testing program. Staff that does not wish to partake in the program will sign a declination form refusing the test.

The Mantoux skin test uses an intradermal injection of 0.1 ml of purified protein derivative (PPD) containing 5 tuberculin units (TU) to detect a tuberculin infection. Even though PPD testing is not always 100% sensitive and specific for detection of infection with M.tb, it is the best diagnostic test presently available.

After administration of the PPD test within 24 to 72 hours, the area becomes hard (indurated), and interpretation by the designated health care professional is as follows:

1. Indurated diameters of 15+mm indicate positive reaction in persons without known risk factors

2. Indurations of 10+mm are considered positive for high-risk groups, and health care workers working with certain of these groups
3. Indurations of less than 5mm are considered positive for carrier (HIV patients have a high incidence of false-negative tests)
4. Less than 5mm induration, or less than the specific group criteria, would be interpreted as negative or “zero”

All administration and interpretation of the PPD tests will be the responsibility of the health care professional. Staff is not allowed to “interpret” their own induration measurements.

If any CEMS staff have a negative to positive conversion, or a negative to even a doubtful conversion. It will be treated as a M.tb. infection requiring clinical evaluation by a physician. The physician will be asked to evaluate and determine if further testing is required, or periodic follow-up is indicated. If active TB is not preset, personnel will be informed of the benefits and risks of using preventive drug therapy to reduce their likelihood of developing active TB disease. The physician will notify all concerned agencies when a suspected or confirmed tuberculosis case is diagnosed. When a member’s private physician is used, the member will be provided with a form for the physician to complete detailing the member’s work status, when he/she is clean to return to work, and which agencies have been notified (if necessary).

Additional testing may include sputum cultures, Acid Fast Bacilli (AFB) smears, drug susceptibility testing, and a chest X-ray exam. Treatment regimens can include isolation, antibiotic therapy, respiratory treatments, and continued testing.

All CEMS members, in an effort to protect their own health, are advised to report all possible unprotected contacts with known or suspected M.tb. patients, as well as any of the signs and symptoms associated with M.tb. Staff is advised to report either development to the shift commander immediately.

Once a member has tested positive and undergone exam and further testing, it will be the decision of the member’s physician regarding the need for prophylactic treatment and when the member can return to work. Members who test positive, and who have been cleared by their physician, are exempt from all further screenings, unless they develop symptoms that are suggestive of tuberculosis.

- E.** The Risk Factors for TB Disease Development. Although certain high-risk populations exist in our service area, staff must be aware of specific high-risk procedures that may be involved and that have significant risk of exposure inherent in them. Such procedures are:
- Endotracheal/nasotracheal intubation
 - Suctioning
 - Artificial ventilations (with/without mechanical devices)
 - Respiratory therapy treatments (Aerosols)
 - Use of ventilators
 - Pleural decompression

Because of poor airflow in the patient compartment of the ambulance, staff should remember that this also could increase the risk of exposure in situations where recommended respiratory precautions have not been taken.

- F.** Treatment of TB. If a staff member has tested positive for M.tb., the normal course of action will be a multi-drug regimen. Standard in this regimen is usually isoniazid, rifampin, and pyrazinamide. Another drug, ethambutol, is frequently added to the initial therapy when there is a likelihood of suspected MDRTB. Although initial screening/testing can determine which medication(s) the patient's isolate is likely to be susceptible to, it is recommended that more than one drug be added to a failing regimen, and it is recommended that at least two (2) anti-TB drugs be added to decrease the likelihood of the development of further drug resistance.

Preventive therapy for a staff member (who does not have active TB), will be formulated by the physician on an individual basis, and in accordance with all available recommendations from the CDC, OSHA, and the Department of Health.

The prognosis of treatment regimens for M.tb., and MDRTB to a large part, depend upon early detection and compliance with the prescribed treatment regimen. Fatalities, although rare, are possible in undiagnosed or untreated cases. Even with compliance, it is likely that in an active TB case, the staff member will be unable to have patient contact for an appreciable time period. When a staff member is found to have TB, they will be excluded from work until adequate treatment is instituted, coughing is resolved, and the member's doctor certifies that the member is no longer infectious.

- G.** Personal Protective Equipment. The existing personal protective equipment provided will be enhanced with two specific types of respirators. The patient is asked to wear a particulate respirator, if feasible, while staff must wear a HEPA (N95) respirator. Care must be taken to assure that the mask seats over the mouth and nose, and that it precludes drawing in air from around the outside of the mask.

CEMS already mandates Body Substance Isolation precautions for use by all members, and will add high efficiency particulate air purifying (HEPA Type N95) respirators for their protection and use. These respirators will be in different sizes for a proper fit and seal and located in the infection control compartment of CEMS ambulances and primary bags.

- H.** Reporting Procedure for Exposure Cases. Any staff member that has been potentially exposed should implement the following:
1. If staff is still with the patient, don appropriate personal protective equipment.
 2. Notify the shift commander immediately after completion of the call.
 3. Complete an exposure report.

Appendix II

Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection

Please distribute immediately to:

Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Nursing Directors, Risk Managers, and Public Affairs.

This advisory supersedes NYSDOH's April 1, 2020 guidance entitled "Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection". This guidance does not apply to nursing homes, which must follow the return to work guidance released by NYSDOH on April 29, 2020, which requires 14 days of quarantine or isolation.

A. Entities may allow healthcare personnel (HCP) who have **been exposed to a confirmed case of COVID-19**, or who have traveled internationally in the past 14 days, whether healthcare providers or other facility staff, to work if all of the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact the operation of the healthcare entity and all other staffing options have been exhausted.
2. HCP who have been contacts to confirmed or suspected cases are **asymptomatic**.
3. HCP who are asymptomatic contacts of confirmed or suspected cases should self-monitor twice a day (i.e. temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.
4. HCP who are asymptomatic contacts of confirmed or suspected cases should wear a facemask while working, until 14 days after the last high-risk exposure.
5. To the greatest extent possible, HCP working under these conditions should preferentially be assigned to patients at lower-risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly).
6. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work, for a full 14 days.
7. At any time, if the HCP who are asymptomatic contacts to a positive case and working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. All staff with symptoms consistent with COVID-19 should be immediately referred for diagnostic testing for SARS-CoV-2.

B. Entities may allow healthcare personnel (HCP) who have traveled in the past 14 days to a state with a significant degree of community spread of COVID-19 (see guidance at https://coronavirus.health.ny.gov/system/files/documents/2020/06/interimguidance_traveladvisor_y.pdf), whether healthcare providers or other facility staff, to work if all of the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity, and all other staffing options have been exhausted.
2. HCP are asymptomatic.
3. HCP received diagnostic testing for COVID-19 within 24 hours of arrival in New York.

4. HCP self-monitor twice a day (i.e. temperature, symptoms), and receive temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.

5. HCP wear a facemask while working.

To the extent possible, HCP working under these conditions should preferentially be assigned to patients at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly).

7. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work.

8. At any time, if the HCP working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. All staff with symptoms consistent with COVID-19 should be immediately referred for diagnostic testing for SARS-CoV-2

C. Entities may allow HCP with **confirmed or suspected COVID-19**, whether healthcare providers or other facility staff, to continue to work if all of the following conditions are met:

1. To be eligible to return to work, HCP with confirmed or suspected COVID-19 must have maintained isolation for at least 10 days after illness onset, must have been fever-free for at least 72 hours without the use of fever reducing medications, and must have other symptoms improving.

2. HCP who are severely immunocompromised as a result of medical conditions or medications should consult with a healthcare provider before returning to work. Entities should consider seeking consultation from an infectious disease expert for these cases.

3. If HCP is asymptomatic but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.

4. Staff who are recovering from COVID-19 and return to work after 10 days should wear a facemask while working until symptoms have completely resolved, so long as mild symptoms are improving, if they persist.

5. In the **rare** instance when an HCP with unique or irreplaceable skills critical to patient care has a positive COVID-19 diagnostic test, but remains asymptomatic, the healthcare entity may contact NYS DOH to discuss alternative measures to allow such HCP to safely return to work before 10 days from such positive diagnostic test have elapsed.

HCP who are furloughed due to close contact with a known positive case, or because they do not meet the above conditions for returning to work, may qualify for paid sick leave benefits, and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit.

General questions or comments about this advisory can be sent to icp@health.ny.gov, covidhospitaldtcinfo@health.ny.gov, or covidadultcareinfo@health.ny.gov.

Appendix III

COLONIE EMS N-95 SANITIZATION AND REUSE PROTOCOL

Introduction:

We continue to have a steady supply of personal protective equipment including N-95 masks. Any help we can provide to a strained supply chain will help multiply our valuable resources. We are putting into effect a new procedure that will ensure your safety and effective and reliable conservation of our supplies.

With the future of our supplies in mind Colonie EMS is moving forward with an alternate method of sterilization of N-95 masks. The use of Ultraviolet Light has been a standard sterilization technique for science labs, food production, and hospitals. Also called Ultraviolet Germicidal Irradiation (UVGI), this method provides a chemical free way of killing or inactivating microorganisms on a sub-cellular level. UVGI is specifically adept at targeting the SARS-CoV-2 (Coronavirus) structure when used in these methods.

Methods:

This program utilizes the methods referenced in the article by John J. Lowe, et al. The current plan involves a UV sterilizer from Siena College. This allows us to deliver the recommended duration, intensity, and thorough irradiation to render pathogens inactive.

It is important to note that there is **NO CHANGE** to the recommended use of N-95 masks, and other universal precautions. These remain the gold standard in protection. Our goal is to continue to have a steady supply of N-95 masks available as needed.

As part of your daily routine and proper use of N-95 masks, we ask that you not dispose of them in a trash bin. You will be provided with a brown paper bag, and means of safe storage for the masks that you use. The bags will be deposited in a clearly labeled bin in your stations. The bins will be collected and brought to our sanitization hub.

From there, the masks will be carefully removed from the bag, put into the UV "Oven", and sterilized. After the appropriate time and intensity, they will be cleanly removed and placed into a white paper bag with your name on it. These white bags will be redistributed to your stations for your reuse. Only masks with your name will be given back to you for reuse.

Conclusion:

Your safety is paramount. The supporting articles on this subject provide some of the best information based on previous and current studies. The loaned equipment from Siena College provides a precise method of delivering the adequate radiation, and is used in their genetic and biology labs for similar sterilization techniques.

This protocol is based in sound, peer reviewed scientific methodology, and has the expressed support of Dr. Dailey and Chief Kostyun. We aim to provide you with the best way to keep you and your families safe in these times of uncertainty. This method will provide us with exactly that.

Research & Sources:

<https://www.nebraskamed.com/sites/default/files/documents/covid-19/n-95-decon-process.pdf>

Specific Mask Sanitization Procedures:

At Start of Shift:

- Collect WHITE paper bag with your name
- Ensure contents of white bag have:
 - o Last name written on masks*
 - o Date of first use written on masks
 - o Last name on brown bag
- Use N-95 masks appropriately according to CEMS policy

After Every N-95 use:

- Carefully remove N-95 mask
- Visually Inspect mask
 - o Is mask soiled, saturated, or not structurally intact?

If YES?

Dispose of mask in appropriate receptacle!

If NO?

- Carefully remove mask
- Place mask in BROWN paper bag
- Fold top of brown bag several times
- Place Brown bag in a safe location

End of Shift or when out of N-95 masks:

- Return your BROWN bag to one of the Red station bins labeled for Mask drop off.
- Obtain new N-95 Masks if needed
- Obtain new Brown bag and repeat process

*You will only be given your masks back. It is important to make sure your name is on the mask. Any masks without a name will be disposed of.

Appendix IV

Town of Colonie – Department of Emergency Medical Services Continuity of Operations Plan

Purpose

The mission of the Department of Emergency Medical Services is to maintain a system capable of timely response to people in times of crisis, deliver quality “out-of-hospital” medical treatment and evacuation of the sick and injured. To accomplish our mission, the department:

- A. Develops standards, policies and procedures pertaining to the provision of EMS.
- B. Conducts medical and operational quality assurance.
- C. Oversees Medical Priority Dispatch System (MPDS) and EMS dispatch procedures.
- D. Manages Basic Life Support First Response Service.
- E. Manages Basic and Advanced Life Support Ambulance Service.
- F. Provides training and support services to maintain system equipment and personnel.
- G. Provides public information and education on prevention and emergency aid.

This document provides planning and guidance for implementing the EMS Department’s Continuity of Operations Plan and programs to ensure the organization is capable of conducting its essential missions and functions under all threats and conditions. While the severity and consequences of an emergency cannot be predicted, effective contingency planning can minimize the impact on our mission, personnel and facilities.

Assumptions

This continuity plan is based on the following assumptions:

- The first priority when an emergency occurs is life safety. Emergencies may warrant employees take protective actions to stabilize the incident, such as sheltering in place, facility lockdowns, or evacuating.
- Vital functions will need to be carried out regardless of the extent of damage or impact of the emergency.
- The Department has completed an assessment of its business functions and has identified the required elements that are necessary to ensure continuity of operations at an alternate location. An emergency condition may require relocation of particular assets and staff -
 - In stations 2, 5, 6 a landlord/tenant relationship exists which may allow for alternate facilities to be had should one of these stations become inaccessible/uninhabitable.
 - The Town of Colonie owns and maintains alternate facilities that may be available to house personnel or store equipment.
- Equipment should not be loaned to other departments until this Continuity Plan is in place and essential functions are running. Giving away assets could lead to failure of the plan and disrupt operations.

- Routine policies and procedures may need to be modified to accommodate the carrying out of essential functions in the event of an emergency situation.
- Emergent MOAs/MOUs and contracts may have to be drafted and promulgated to achieve the goals of this plan.
- There are many facets that contribute to our Mission Statement that are outside of our direct control. Vendors, county and local government agencies that the Department normally coordinates with may also be affected by the emergency and may be experiencing some disruption in their operations as well.
- Early identification of problems and issues can lead to faster resolution. All personnel should bring issues identified to their appropriate supervisor.

Objectives

The objective of this COOP is to ensure that the capability exists to continue essential functions of the Colonie EMS Department across a wide range of potential emergencies, specifically when a primary facility or essential infrastructure is threatened, fails, or becomes inaccessible. This also includes declared public health emergencies. The objectives of this plan include:

- To ensure continuous performance of essential functions and operations during an emergency scenario
- To protect essential facilities, equipment, records and other assets
- To reduce or mitigate disruptions to operations
- To minimize damage and losses
- To identify principals, staff, support staff and equipment/records to be relocated
- To facilitate decision making for the execution of this plan
- To achieve a timely and orderly recovery from the emergency
- To ensure compliance with Section 27-C of the NYS Labor Law (Duty of public employers to develop operation plans in the event of certain declared public health emergencies).

COOP Activation Scenarios

The following scenarios would likely require the activation of the Colonie EMS Department's COOP plan:

- A primary facility is closed or inaccessible for normal activities, or an event that precludes the use of that facility for an extended duration
- A failure of critical infrastructure
 - Computer network/internet
 - Heat/electric
 - Radio system
 - Fuel accessibility

COOP Activation

The following measures may be taken in an event that interrupts normal operations, or if such an event appears imminent, and it is deemed prudent to activate this plan to continue mission essential functions:

- Relocation to an alternate facility
- Telecommuting for certain EMS Officers and non-essential employees/In-person workforce reduction
- Staggered work shifts/changes to reporting locations
- Deployment of alternative radio communications devices
- Assignment of staff to the Communications/911 Center
- Deployment of backup computer equipment/internet services
- Activation of backup fuel resources

Time Phased Implementation

Time phased implementation allows for preparation for all levels of emergencies while allowing for those making decisions to be prepared to active the plan on very short notice, but not prematurely active the COOP for situations that may be short lived or self-resolved.

Phase 1 Activation (0-12 hours)

During this phase, alert and notify all employees and organizations identified as critical. This may include entities that will provide resource support, employees that may need to be directed to alternate facilities, or directing employees to gather essential supplies and resources. If the event turns out to be less severe than initially anticipated, the COOP activation may terminate during this phase and a return to normal operations will take place.

Phase 2 Activation (12 hours to termination)

During this phase, transition to alternate facilities and resources would be complete, and performance of mission essential functions should be underway. An assessment of the alternate facilities and resources should be performed to identify weaknesses or unanticipated problems or outcomes. Additionally, plans should begin for transitioning back to normal operations. This includes assessing the status of the facilities/infrastructure affected by the event and determining how much time is needed for repair or resolution.

Phase 3 Restoration and Termination

During this phase, all personnel and organizations, including those not directly involved in the COOP activation, will be informed that the incident is no longer ongoing. Instructions will be provided for resumption of normal operations.

Alert and Notification Procedures

If the situation allows for early warning, staff may be alerted prior to activation of the COOP plan. In situations that allow for early alerting, all appropriate staff and entities that provide support should be notified. In situations where there is no advanced warning, targeted notification of staff should be instituted. As time and staffing permit, the remaining staff and support entities should be notified. The Chief, Deputy Chief and Assistant Chiefs shall be notified via text message with a follow up phone call if the text message is not acknowledged within 15 minutes. Notification to support entities should be made directly via telephone or in person as appropriate. Notification of Colonie EMS Department field staff should be accomplished through EMS Manager utilizing the text AND email feature. Should EMS Manager fail, targeted text messaging and/or phone calls to appropriate field staff should be carried out until time and staffing permit notification of remaining personnel. In the event of catastrophic failure of cell phone infrastructure, in person notification shall be made to the Chief, Deputy Chief and Assistant Chiefs first. Contact with additional staff members shall then be made based on proximity.

Activation procedures – Initial Actions

Based on the situation and circumstances of the event, the Chief will evaluate the capability and capacity levels required to maintain mission essential functions. In the event of an afterhours event or the absence of the Chief, the ranking EMS Officer should evaluate the impacted facilities/infrastructure and initiate immediate actions based upon the best available information and notify the Chief, Deputy Chief and Assistant Chiefs immediately.

Personnel Coordination

The following procedures are in place to address any personnel issues that may arise during the activation of the COOP plan:

- Communications to Town of Colonie and Village representatives
 - EMS Chief/Deputy Chief
- Communications to Department staff
 - Assistant Chief for Operations/Training
 - Town of Colonie MIS
- Health, safety, emotional well-being, pay and leave, reduction of in-person workforce, changes in reporting times/locations
 - Assistant Chief for HR/Scheduling
- Medical, special needs, travel issues
 - Assistant Chief for Support Services/Special Operations

Alternate Facilities

The following are identified as alternate facilities in the event a primary facility is threatened or becomes inaccessible:

Primary Facility	Alternate Facility	Secondary Facility	Resources required to perform mission critical functions	Equipment/resources to be removed/salvaged
EMS Station 1*	EMS Station 3, lower level	Public Operations, hearing room** ** serves as backup to 911 center. Offices may be relocated to tertiary site at the MTB	Office supplies Tables/Chairs Laptop computers Desktop computers Fax machine Printer (s) WiFi (Public ops/MTB) iPads	Patient records Ambulances TSU's SUVs EMS supplies Key box Billing/Coding binder Back up USB drive Narcotics Office supplies Emergency action plan binder/personnel files Paperwork in office box Portable radios/charger Monitor battery charger
EMS Station 2	Colonie Village DPW	South side posting (report to functioning station and post for shift)	Internet Scanner Desktop computers/iPads	Desktop computer EMS supplies Ambulances Paperwork in office box Portable radios/charger Monitor battery charger
EMS Station 3*	Shaker Road FD Sta. 1	EMS Station 1	Internet Scanner Desktop computers/iPads	Desktop computers EMS Supplies Training supplies Ambulances SUV Paperwork in office box Portable radios/charger Monitor battery charger Narcotics from safe
EMS Station 4*	Latham FD Sta. 1	EMS Station 1	Internet Scanner Desktop computers/iPads	Desktop computers EMS Supplies Upstairs - supplies/equipment Ambulances SUV 670 Paperwork in office box Portable radios/charger Monitor battery charger Narcotics from safe
EMS Station 5	EMS Station 1	North side posting (report to functioning station and post for shift)	Internet Desktop computer/iPads	Desktop computer
EMS Station 6	Midway Sta. 1	EMS Station 2	Internet Scanner Desktop computer/iPads	Desktop computer EMS supplies Paperwork in office box Ambulance Monitor battery charger Portable radios/charger

*Town owned facilities. In the event of a long duration event, additional vehicles may be stored at the old public operations building 750 Watervliet Shaker Road, public operations building at 347 Old Niskayuna Road, or by agreement with a Town Fire Department.

Staff housing/station assets

<u>Station</u>	<u>Bunk Capabilities</u>	<u>Shower Facilities</u>	<u>Generator</u>	<u>Heat Supply</u>	<u>Kitchen</u>	<u>Internet</u>
1	0	Men x 2, Women x2	Diesel	Natural gas & electric	Full	Wired, Mi-Fi available
2	4	Men x1, Women x1	Natural gas	Natural gas	hot plate, toaster oven/ full shared	Wi-Fi (Spectrum)
3	10	Men x1, Women x1	Diesel	Natural gas	Full	Wi-Fi (Spectrum)
4	6	Men x1, Women x1	Natural gas	Natural gas	Full	Wi-Fi (Spectrum)
5	0		Natural gas	Natural gas	Full (shared)	Wi-Fi
6	2	Men x1, Women x1	Natural gas	Natural gas	None	Wi-Fi (Spectrum)

Computer Backup

In the event of catastrophic computer system failure, the goal will be maintenance of essential services within the Department. Essential services have been defined as: logging narcotics, scheduling, patient charting (including QI review of patient charts), coding/preparation for billing, uploading to billing, billing/submission of claims to payors, and fax receipt (facesheets/requests for insurance).

Equipment available:

- Hazmat laptops (Wi-Fi capability; 1 each TSU)
- Panasonic Toughbook computers (Wi-Fi capability; 1 at Station 1, 1 at Station 3)
- Mi-Fi devices on Verizon network (1 each TSU)
- Training computer (Wi-Fi capabilities and antenna, Station 3)
- Backup training computer (Wi-Fi capabilities and antenna, Station 3)
- iPads (Wi-Fi capable; personal hotspot sharing enabled)
- Backup USB drive (important forms/documents)
- Printers (1 in each office – Chief, Captain, Asst. Chief)
- Fax machine (portable, printer capable; 1 in front office)
- Zone iPhones (7 available for field use, 1 for Captain use; personal hotspot sharing enabled)
- Station computers (with the exception of Station 1 are off network; 2 each zone 2,3,4; 1 each zone 5&6)

Station 1 Computer backup

Station 1 (or its alternate facility) computer backup will remain the highest priority in the event of computer system failure.

Computer location and function	Alternate computer plan
Front office - Billing/submission of claims	Station 3 training computer with Wi-Fi capability and antenna utilizes 1 Mi-Fi, utilizes printer from Assistant Chief's office Front office laptop #1
Front office – Purchasing, backup billing/submission of claims	Hazmat computer – utilizes same Mi-Fi as above Front office laptop #2
Captain's Office – QI, uploading to billing, narcotics tracking	Hazmat computer – utilizes iPad or Captain's phone hotspot, utilizes Captain's printer and scanner, CAD accessed through iPad or iPhone Admin laptop #1
Scheduling	MDT or iPad, may utilize front office Mi-Fi Admin laptop #2
Operations/Purchasing	Admin laptop #3
Charting	MDT, utilizes Captain's office iPad for internet
Fax machine	Portable fax machine – in the event the copier is offline due to network outage, switch phone line to portable fax

Stations 2, 3, 4,5, 6 Computer backup

In the event of computer or internet failure, backup computers, Mi-Fi devices or hotspot sharing can be utilized from above. Alternatively, iPads can be used for charting and CAD access. Consider the installation of Wi-Fi capabilities to desktop computers for long term outages to share zone phone hotspots.

Billing Backup/Coding/Uploading Backup

The Department shall maintain at least a depth 2 additional personnel that are trained able to function in the capacity of billing clerk to aid in essential functions.

The Department shall maintain at least 2 personnel that can upload charts to the billing software for processing. Instructions can be found in the Captain's billing/coding manual in the event no other personnel are available.

All administrative personnel should be able to minimally perform QI and coding functions as outlined in the billing/coding manual.

Fuel Backup for fuel/pump system failure

In the event of a town wide fuel system malfunction/inoperability, backup fuel supply may be obtained from the Village of Colonie highway garage. As soon as a prolonged fuel shortage is identified, arrangements should be made to obtain access to the fuel supply at the Village of Colonie DPW by contacting the Superintendent at 518-869-6372. Town Fleet Maintenance should be consulted to determine the timeframe for alternate fuel delivery system to be put in place.

Radio system failure

In the event of a failure of the 800 MHz radio system, the department cell phone and VHF radio system will function as the backup radio system. Anyone that notices 800 MHz radio problems (e.g. radio in failsoft, prolonged 'out of range' message, inability to transmit, or repeated/prolonged "bozo tones") should immediately notify the shift commander and follow-up with communications immediately to determine the extent/length of failure. In the case of radio system failure for more than a few minutes, the supervisor will contact each crew via the cell phone or landline with further instructions.

Actions

- Upon noticing or being advised of the failure, crews should position themselves in an area where cell phone service is adequate and where they can monitor the ambulance VHF radio.
- The VHF radio should be taken out of scan and placed on the channel labeled "MEDFLT" (or channel 2 in numeric display radios).
- If available, the crews should also monitor and pay close attention to their department pager.
- Consider placing another EMS Officer in communications to assist communications and to relay information to the field.
- Consider switching some or all operations to the Albany County fire channel. This channel is repeated and the Town is well covered. Note that this channel is shared with the hill towns and may be input to the 800MHz system on the County side.

Radio system failure - resources

Location	Radios Available	Additional Information
Station 1	VHF base radio, portable radios in TSUs	Base radio operates on AC power, TSU radios have alkaline batteries
Station 4	VHF portable radios in 670	Current inventory = 6
Station 1 storage	VHF portable radios in office	Current inventory = 3, may need to be charged

Records/personnel files/confidential materials

Upon a facility evacuation other than EMS Station1, all records shall be deposited at EMS Station 1 in the appropriate file. In the event of an evacuation of EMS Station1, the records, files and plans shall be deposited with records management either at Town Hall or Public Operations until such time secure mechanisms can be developed and obtained in the alternate facility.

Purchasing

At least every 6 months, but no less than once per year, key vendors will be identified that are capable of accepting and fulfilling orders for emergent supplies of all types. The account number and login information for all vendors shall be stored in an offline format to allow for access during times of IT infrastructure issues. These records will be kept secured in the personnel file drawer to allow for access in the event of an evacuation. Purchasing processes in the event of an IT outage can be accomplished by submitting a PO request directly to the

Purchasing Department. Medications and narcotics are provided by a local hospital vendor and acquisition should be easily maintained in the absence of IT infrastructure. Bulk supplies are generally on hand for 45 days in the event of purchasing/shipping problems.

Scheduling/payroll

Personnel scheduling and payroll is maintained online via a web based platform by Aladtec. Aladtec maintains duplicate servers as backup but are in the process of building a mirrored server in a distant location to facilitate web access in the event of a primary crash. This work is expected to be completed by March 2020. Payroll records not accessible due to a vendor or internal IT problem can be completed by hand on paper based on the posted schedule. Time keeping will revert to paper daily logs. Copies of the daily log, personal service time request, swap forms and blank payroll master will be available on the backup USB drive. Administrative access has been granted to the Chief, Deputy Chief and Assistant Chiefs. Captains have some administrative privileges to access certain functions.

Online patient records/charting/billing

Patient charts and billing records are maintained online via web based platforms. emsCharts maintains clustered servers with real time database backup with an additional tape backup which is stored offsite for 120 days. All EMS supervisory personnel have access to all administrative features in emsCharts and instructions for major functions are contained in the Captain's office billing and coding binder. Billing records are maintained by Central Square. Central Square utilizes multiple offsite backups through Dimensions Data company. Patient demographics and lookup are shared between emsCharts and Central Square billing. Central Square remains the lone repository for billing information.

Learning Management System/CME (Target Solutions)

The Department contracts for a Learning Management System to maintain training records and complete paramedic and EMT continuing medical education through an inter-municipal agreement with the City of Albany. The Department is granted 1 administrator access. In their absence, access to online records can be obtained through the Albany Fire Department training division. Access for administrative privileges can also be obtained through that division.

Building access/security/key fobs

Building access at all stations is granted through a key fob system. The controller for EMS Station 1 controls fobs for Station 1 and 3. Fob access for Stations 2, 4, 5 and 6 are maintained by the facility owner. In the event of a total key fob failure, traditional keys exist in the Station 1 key box for Stations 1, 3, 4, and 6. Additionally, all officers have outside door access to Station 1 via their office key. Instructions for accessing the Town's system and adding/deleting users

are located on the USB drive, administrators of the system are the Chief, Assistant Chief for Support Services, and police administration.

Knox Safes

Knox safes are located in Stations 3 and 4 to secure narcotics for off duty units. These safes can be unlocked remotely via radio by communications. In the event of an 800 MHz radio failure or power failure, the safes can be manually unlocked by key. The primary key is held by the on duty shift commander, and a backup key is secured with the Assistant Chief for Support Services.

Declared Health Emergency

In the event of a declared health emergency that necessitates telecommuting, changing of schedules, in place sheltering/housing of employees, or reduction of in-person workforce, the public health emergency operational plan should be consulted and used in conjunction with this COOP for guidance.

Future Planning

A list of all personnel that have First Net capabilities on personal devices should be developed. Consider adding second administrator to Central Square billing. There is currently only 1 in the Comptroller's Office.

Switch at least Zone phones to First Net to provide alternative cell phone carrier coverage, and allow for deployment and usage of First Net capabilities in the event of widespread cell outage. Consider mechanism to have regular backup of personnel schedule.

The Chief and Assistant Chief for Support Services should have access to Great Plains to provide depth for purchasing continuity.

Appendix V
COVID-19 Pandemic Response and Protocols for Reopening Town Government Offices



To: All Town of Colonie Departments

Date: May 8, 2020

Regard to: COVID-19 Pandemic Response and Protocols for
Reopening Town Government Offices

After several weeks of shuttering most of America due to the COVID-19 Pandemic, we are steadily approaching the relaxing of stay-at-home orders at the federal and state levels. The Town of Colonie is dedicated to the safety and health of our employees and the public we serve. The Town is basing the decisions made to re-open and how we conduct everyday business on information received from Federal, State and County health officials to provide the safest working environment possible. Pre-opening planning is vitally important to the success of our government offices reopening. Keep in mind that the guidelines on the response to the pandemic are very dynamic and may require amending some of our procedures as those guidelines come available.

The following are the protocols addressing the re-opening of Town Government Buildings:

1. All employees will be held to a **zero tolerance** for sick workers reporting to work.
IF YOU ARE SICK, STAY HOME!
IF YOU FEEL SICK, GO HOME!
IF YOU SEE SOMEONE SICK, SEND THEM HOME!
2. All Town employees will adhere to recommendations from the CDC and Department of Health on how to stay safe. These recommendations are available from the Center for Disease Control and Prevention at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and the New York State Department of Health at www.ny.gov. These documents are also available from the Department of Human Resources
3. Employees will conduct daily self-checks and a self-screening to assure the following:
 - No sign of a fever or a measured temperature above 100.3 degrees within the past 24 hours. (Touchless thermometers will be available for employees that need to check their temperature. Proper sanitizing of the device will be performed by the employee that handles it.)
 - No Cough within the past 24 hours.
 - No Sore Throat within the past 24 hours.
 - No Trouble breathing within the past 24 hours.
 - Has not had "close contact" with an individual diagnosed with COVID-19.

“Close contact” means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19 or being within 6 feet of a person who has tested positive for COVID-19 for about 15 minutes.

- Has not come in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.
 - Physical distancing will be practiced in all Town buildings as well as outdoors on all Town property. Physical distancing is **keeping 6 feet between themselves and others**, whenever possible. When it is not possible to social distance, a facemask is to be worn.
4. All Town employees **will** wear a face covering when they **may not be able** to maintain at least 6 feet of distance between themselves and others.
A face covering is mandatory for any staff member traveling through public and common areas or from office to office in a town building.
Once your destination is reached and social distancing can take place, a mask will not be necessary, but is encouraged.
 5. All employees will continue to practice healthy hand hygiene.
 6. Alcohol-based hand sanitizers should remain accessible in all common areas (for example, lobby, bathrooms, hallways) to encourage hand hygiene among building occupants. Each office is responsible for maintaining the proper supply of sanitizers and any other personal protective supplies needed by their employees.
 7. All offices should consider posting in common areas the:
"Stop the Spread of Coronavirus" flyer, which is available at nyc.gov/health/coronavirus
 8. All offices will limit the number of people (most likely one at a time) entering an office area to conduct their business.
 - Members of the public and visitors needing to enter an office area will be required to wait in the hall/lobby. If a representative from the Town must meet with a member of the public, every effort must be made to meet with that person in a conference room or area outside of office employee work stations.
 - Each office will display signs or floor labeling to instruct people where to stand at the counter and where to wait in the hallway/lobby
 9. The Town will install barriers in any area where employees are required to offer face-to-face contact with the public.
 10. Town employees will limit the number of people getting into an elevator at the same time to avoid crowding. (Everyone should consider only riding the elevator with their own party or who are unable to use the stairs.)

Appendix VI



Duty Log Station 1 2 3 4 6 (circle)



Date: _____

Daily Station Assignments

please circle & initial below

	<u>Zone Day</u>	<u>Zone Night</u>	<u>Peak</u>	<u>PrimeTime</u>	<u>SOD 3/6 Day</u>	<u>SOD 3/6 Night</u>	<u>Prim</u>
Mon	Kitchen & Order Oxygen	Bunkroom #1 & Oxygen	Detail Duty Amb. Cab & PT. Comp.	Laundry Area & Floors	Aviation Check	Aviation Check	Check S
Tues	Living Room	Bunkroom #2	X	Detail Duty Ambulance	Detail Truck Front	Detail Truck Front	Station : D
Wed	Thumper Check & Laundry Area	Thumper Check	Thumper Check	Thumper Check	Check Reserve Amb. at Station 1	Thumper Check	Thum
Thur	Garage/Cleanup area	Kitchen	Detail Duty Amb. Outside Comp.	Kitchen & St. 3 Training Room	Aviation Check	Aviation Check	Station C
Fri	Stretcher Inspection Training Room	Stretcher Inspection Bunk Rooms	Stretcher Inspection	Stretcher Inspection	Stretcher Inspection	Check Reserve Squad Amb.	Stretche
Sat	Detail Duty Amb. Cab & PT. Comp.	Detail Duty Amb. Cab & PT. Comp.	Detail Duty Amb. Cab & PT. Comp.	X	Detail Cab & PT. Comp.	Detail Outside Comp.	Detail D & P
Sun	Detail Duty Amb. Outside Comp.	Detail Duty Amb. Outside Comp.	Detail Duty Amb. Outside Comp.	X	Check 670 and SCBA's	Bariatric Unit check	Detail E Outsi
Initials:							

Before leaving at the end of the shift

Vehicle Readiness	Unit #	Unit #	Unit #	Unit #
Vehicle & Oxygen restocked				
Vehicle cleaned/washed/fueled				
Stretcher & Equipment secured				
Trash Emptied				
Shoreline Plugged in & Lights Off				
Vehicle Checklist complete				

Daily Shift Cleaning Schedule:	Day (Initial)	Nigh (Initial)
Pick up counters & work stations		
Pick up kitchen area & empty trash cans		
Restock area checked & restocked		
Comments:		

Day Notes:

Night Notes:

Student/Observer Info:

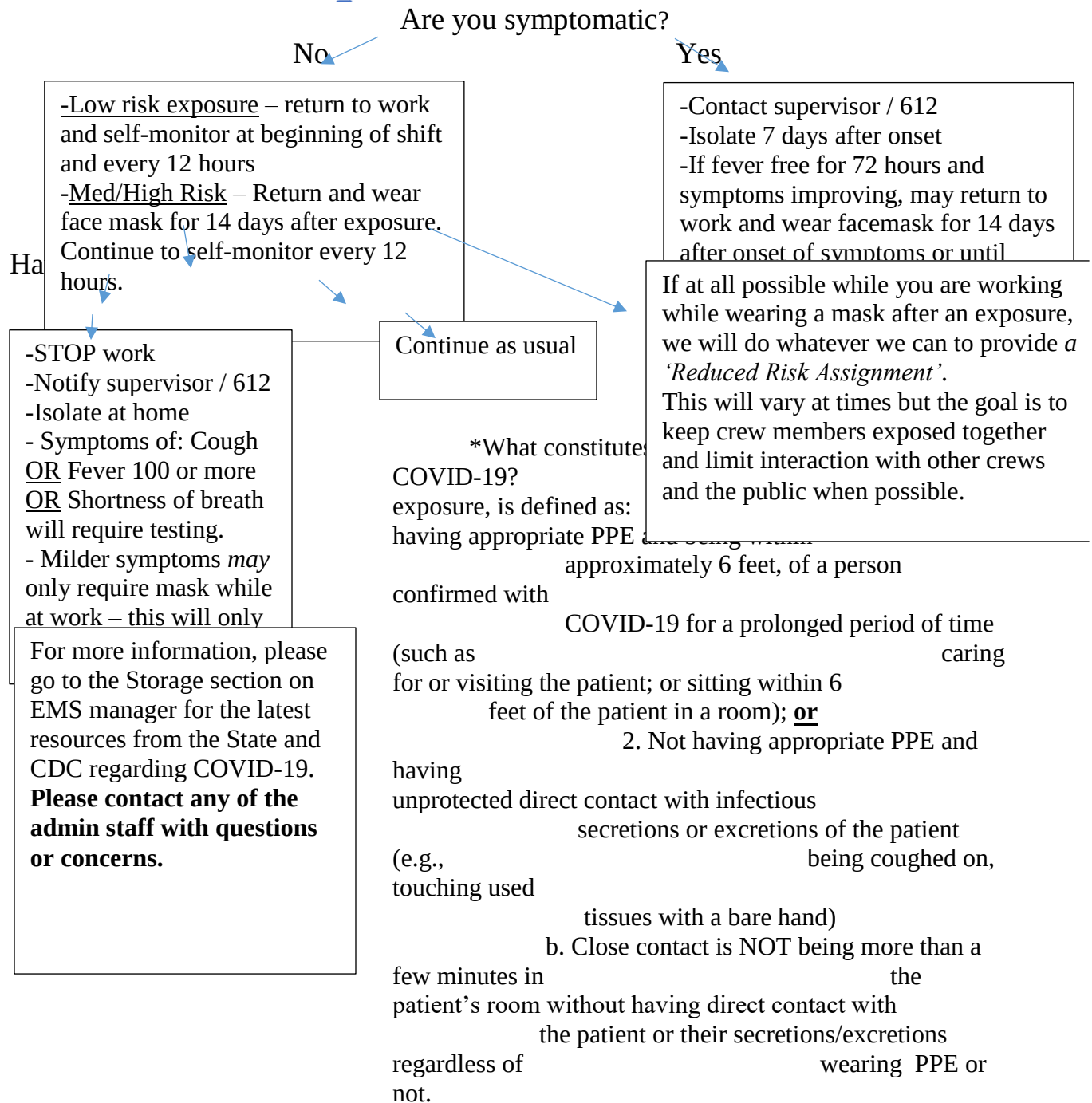
Student/Observer Info:

mark duty unit & initial when complete

Communication: Amended Attachment: Exhibit a Resolution No. 148 for 2021 (General)

Appendix VII

COVID-19 exposure flow chart



Appendix VIII

[https://www.colonie.org/departments/emergencyplanning/documents/COMPREHENSIVE
EMERGENCY_MANAGEMENT_PLAN_2015.pdf](https://www.colonie.org/departments/emergencyplanning/documents/COMPREHENSIVE_EMERGENCY_MANAGEMENT_PLAN_2015.pdf)