

WEBVTT

1

00:02:35.760 --> 00:02:37.020

Robert Carangelo: You logistics.

2

00:02:38.040 --> 00:02:39.840

Robert Carangelo: Vendor associated with this.

3

00:02:41.130 --> 00:02:49.380

Robert Carangelo: Zoom process. So, as opposed to some of our we've had some priors do calls where we're just kind of doing

4

00:02:50.520 --> 00:03:08.580

Robert Carangelo: A catching up. They weren't official meetings. This is an official meeting of the Board of Health and it's not your typical zoom call because it's open to the public. So just like or in person meetings. This is calls open anyone who wants to to join. So this is more like a webinar.

5

00:03:10.290 --> 00:03:20.670

Robert Carangelo: In which the meeting is basically open for observation. If someone wants to click on the link from our website or the agenda or different ways to get into it and people may

6

00:03:22.350 --> 00:03:27.240

Robert Carangelo: May your throughout the meeting dial and I mean there are some people, I think.

7

00:03:28.290 --> 00:03:30.660

Robert Carangelo: Observing now so

8

00:03:32.520 --> 00:03:40.710

Robert Carangelo: Because the other thing I want to make sure people know is that in addition to being open to the public tonight. The meeting is being recorded.

9

00:03:41.130 --> 00:03:49.110

Robert Carangelo: On that a transcript of this meeting as well as a recording of the meeting is going to be posted on the town's website somewhere so

10

00:03:49.560 --> 00:03:59.130

Robert Carangelo: Keep that in mind what you say tonight will be preserved forever. It's not like when we have our typical meetings and they're just minutes of the meetings, it will be recording and transcript.

11

00:04:00.180 --> 00:04:01.110

Robert Carangelo: The other thing I

12

00:04:02.130 --> 00:04:03.510

Robert Carangelo: Want to point out is that

13

00:04:05.100 --> 00:04:13.380

Robert Carangelo: People are allowed to participate in observed by telephone, you don't have to do by video if they dial in with just your telephone

14

00:04:15.180 --> 00:04:19.590

Robert Carangelo: I think we just had thick just arrived, once you let Vic and forth finish.

15

00:04:24.840 --> 00:04:25.410

Robert Carangelo: Yes.

16

00:04:26.430 --> 00:04:27.300

Robert Carangelo: All right, because

17

00:04:28.560 --> 00:04:29.580

Vick Sandhu: Hey guys, can you hear me.

18

00:04:30.750 --> 00:04:31.230

Joanna Lipson: Yes.

19

00:04:34.620 --> 00:04:37.740

Robert Carangelo: Do you want to do your video Vic. Are you purposely

20

00:04:41.400 --> 00:04:46.170

Robert Carangelo: You can click on the bottom. There we go. Alright, got that Corona beer going

21

00:04:49.920 --> 00:04:50.280

Vick Sandhu: On how are you

22

00:04:50.370 --> 00:04:50.640

Hi.

23

00:04:52.110 --> 00:05:07.770

Robert Carangelo: So called me and go under Vic. We are all seven board members or President, just to kind of just recap, because this is like an official meeting of the Board of Health. It's open to the public. This is more like a webinar. It's not like your typical zoom call

24

00:05:09.300 --> 00:05:14.340

Robert Carangelo: Anyone can can can either click on and watch it or they can also dial in.

25

00:05:15.390 --> 00:05:20.970

Robert Carangelo: With the telephone and just listen. And because people can just dial in and just listen.

26

00:05:22.350 --> 00:05:23.850

Before you speak.

27

00:05:25.110 --> 00:05:33.270

Robert Carangelo: Just identify your yourself, your name and as a member of the Board of Health, every time you speak, unless of course if you

28

00:05:35.400 --> 00:05:38.400

Robert Carangelo: Recognize you and say your name. You don't have to repeat it.

29

00:05:41.070 --> 00:05:52.830

Robert Carangelo: The other thing if people have questions you in this format. Just try to wave your hand and give any indication, you want to be called upon or there's also a

30

00:05:53.280 --> 00:06:01.920

Robert Carangelo: I don't know if there's a raise your hand feature at the bottom there should be a three days, you can click on that as well. But it just wave your hand and you know we can. I can see you.

31

00:06:03.210 --> 00:06:09.270

Julia Chiappetta: If you click participants at the bottom, you know, opens up a box where you can raise your hand.

32

00:06:11.190 --> 00:06:11.640

Robert Carangelo: Okay.

33

00:06:15.720 --> 00:06:20.970

Robert Carangelo: All right, with that Jacqueline, does anyone have any questions before we get started.

34

00:06:24.150 --> 00:06:40.260

Robert Carangelo: Alright, so let's get started with the agenda. The first item is when we were not the approval of the minutes from our last meeting. Way back in February 24 2022 I have a motion to approve the minutes.

35

00:06:40.350 --> 00:06:41.550

Lauren O'Keefe: Motion Lauren O'Keefe

36

00:06:42.420 --> 00:06:45.030

Robert Carangelo: I'm sorry. Lauren O'Keefe made a motion to approve.

37

00:06:45.270 --> 00:06:45.630

Maryann Ramos: I can

38

00:06:47.010 --> 00:06:54.810

Robert Carangelo: Marianne Ramos made a motion seconded demotion any discussion before I put it to a vote. Any comments on the Minutes.

39

00:06:56.610 --> 00:07:03.780

Robert Carangelo: Alright, so then the motion is to a to approve the minutes from the February 24 2020 meeting.

40

00:07:04.740 --> 00:07:13.260

Robert Carangelo: Joy to abstain from the votes and she wasn't at that meeting just anyone else vote in a negative say say nay. If you don't want to approve them.

41

00:07:14.820 --> 00:07:20.400

Robert Carangelo: All right, that it's been unanimously approved by the board with Julia, Mr petta of stating

42

00:07:21.720 --> 00:07:25.860

Robert Carangelo: All right. Second item on the agenda is we have

43

00:07:27.390 --> 00:07:33.960

Robert Carangelo: Dan result emergency management director for the town there to kind of give us an overview of

44

00:07:35.370 --> 00:07:41.160

Robert Carangelo: What's been going on from his perspective with respect to coven 19 so Dan

45

00:07:41.310 --> 00:07:44.340

Robert Carangelo: Welcome to the meeting, please.

46

00:07:46.410 --> 00:07:48.990

Robert Carangelo: Join I can unmute you. And also,

47

00:07:49.200 --> 00:07:50.550

Your video privileges.

48

00:07:59.190 --> 00:07:59.850

Robert Carangelo: You working on

49

00:08:12.240 --> 00:08:13.080

Dan Warzoha: Can you hear me now.

50

00:08:14.100 --> 00:08:15.630

Robert Carangelo: We can. Okay.

51

00:08:16.980 --> 00:08:21.660

Robert Carangelo: Do you have your video. If you could scroll down you can hopefully, click on the x on the video and you can

52

00:08:21.720 --> 00:08:23.700

Dan Warzoha: Participate that I haven't seen any

53

00:08:24.030 --> 00:08:27.060

Dan Warzoha: Anything to provide me with video

54

00:08:27.600 --> 00:08:28.200

Robert Carangelo: Hold on.

55

00:08:32.880 --> 00:08:36.090

Dan Warzoha: What side is it on what side is it supposed to be on

56

00:08:36.480 --> 00:08:44.700

Robert Carangelo: The left the left side, you start video right here. You see a stop in yet like a video camera with a deck with a line through it. Yep. Click on it. There you go.

57

00:08:44.790 --> 00:08:47.490

Robert Carangelo: Yeah. Well, now you just click on it again, Dan.

58

00:08:48.750 --> 00:08:49.620

Robert Carangelo: Yeah, we can see you.

59

00:08:50.370 --> 00:08:52.230

Robert Carangelo: Okay. Hi, Dan.

60

00:08:53.880 --> 00:08:54.510

Robert Carangelo: All right.

61

00:08:55.410 --> 00:08:59.670

Robert Carangelo: So obviously just been very busy times or

62

00:09:00.720 --> 00:09:06.510

Robert Carangelo: Anyone and your position. So let's get to it. Let us know what's been going on.

63

00:09:06.990 --> 00:09:08.160

Dan Warzoha: Well, it's a

64

00:09:09.480 --> 00:09:15.510

Dan Warzoha: If you look at the whole event. And I have to be quite candid with you. We're

65

00:09:16.830 --> 00:09:29.970

Dan Warzoha: Looking at a more defined after action report when it's time for an after action report to come out and that's going to be covering all the different disciplines.

66

00:09:31.110 --> 00:09:39.720

Dan Warzoha: In town government so that document is down the road a little bit. Once we get past a few things here.

67

00:09:41.160 --> 00:09:50.490

Dan Warzoha: And get back to as close to a normal balance in life as we can develop here, but just from my perspective.

68

00:09:51.810 --> 00:10:08.400

Dan Warzoha: Few years ago I was the keynote speaker at a fire chiefs dinner. And I said, everything I had done in my 37 year career led me to be successful in Superstorm Sandy.

69

00:10:09.570 --> 00:10:17.970

Dan Warzoha: I followed that up with saying. However, several months later, nothing. I had done in my career prepared me to deal with Sandy.

70

00:10:17.970 --> 00:10:18.330

Hook.

71

00:10:20.340 --> 00:10:25.710

Dan Warzoha: This event, while we have had some experience in the past, nothing.

72

00:10:27.000 --> 00:10:28.050

Dan Warzoha: That we have done.

73

00:10:29.340 --> 00:10:32.610

Dan Warzoha: gave us the magnitude of incidents that we've just been through.

74

00:10:34.350 --> 00:10:52.920

Dan Warzoha: There's been enough. There's been training. There's we've looked at these things. We had terrorism issues bioterrorism pandemic so yeah you everybody's got the basics. But when it hits the fan and it becomes real in your backyard.

75

00:10:54.450 --> 00:10:54.630

Andy Bronin: With

76

00:10:54.810 --> 00:10:57.660

Dan Warzoha: The take in the end the flavor, everything was different.

77

00:10:59.190 --> 00:11:03.660

Dan Warzoha: So getting getting things up to speed. I thought, took a little bit of time.

78

00:11:05.430 --> 00:11:14.010

Dan Warzoha: We didn't develop the, the battle as rapidly as I would have preferred, but when it finally got developed

79

00:11:15.030 --> 00:11:22.410

Dan Warzoha: It worked very well communications were very good town wide.

80

00:11:23.580 --> 00:11:24.000

Dan Warzoha: And

81

00:11:24.030 --> 00:11:32.250

Dan Warzoha: The other support agencies outside of the town, such as the hospital. The Red Cross, the different state agencies.

82

00:11:34.500 --> 00:11:36.600

Dan Warzoha: volunteer groups that wanted to help

83

00:11:37.860 --> 00:11:40.230

Dan Warzoha: And you had this

84

00:11:41.430 --> 00:11:47.100

Dan Warzoha: Feeling in the public that there was they were dealing with the great unknown for the first time in their life.

85

00:11:48.510 --> 00:12:06.120

Dan Warzoha: And it became a came a little bit of an issue with axed and and fear, if you will, that, you know, with something that we normally don't deal with a. So, again, that took time, I firmly believe

86

00:12:07.230 --> 00:12:10.170

Dan Warzoha: That the town did a very good job.

87

00:12:11.220 --> 00:12:13.860

Dan Warzoha: When it came to shutting down operations.

88

00:12:15.090 --> 00:12:24.450

Dan Warzoha: Getting people out of harm's way. And working with the different agencies. Everybody had different wants and needs.

89

00:12:25.260 --> 00:12:29.910

Dan Warzoha: Kind of heard all the cats in one direction and develop

90

00:12:31.350 --> 00:12:41.310

Dan Warzoha: Again, that battle rhythm that says, Okay, we need to know this information we need to have, how many people have what in nursing homes. What are status.

91

00:12:42.390 --> 00:12:53.430

Dan Warzoha: What's our equipment. What's our staffing at for the first time we spent an enormous amount of time dealing with staffing issues and I still see that as a

92

00:12:54.750 --> 00:13:04.890

Dan Warzoha: bugaboo that we're going to deal with as town government starts to come back to a a full swing that we're still going to have staffing issues that

93

00:13:05.580 --> 00:13:22.290

Dan Warzoha: Are going to be problems, particularly with some senior employees. So that's still as far as I'm concerned, out there and we're going to have to deal with it as far as the public goes. I've had a

94

00:13:22.800 --> 00:13:32.640

Robert Carangelo: Second, so the staffing issues refer to our are bringing back old or town employees or at a higher risk for for getting over 19 years out, you're referring to.

95

00:13:32.640 --> 00:13:45.480

Dan Warzoha: About now it's it's not elderly time to place your town employees or at risk of physically at risk. There are those who perceive themselves at risk and

96

00:13:46.560 --> 00:13:54.840

Dan Warzoha: There is just as general feeling that with the amount of traffic that comes in and out of town hall. It could be a hotspot.

97

00:13:55.500 --> 00:14:00.360

Dan Warzoha: It was one of the things that we heard a lot of early on. I'm not going to work.

98

00:14:01.110 --> 00:14:12.030

Dan Warzoha: Because there's so many people that come in and out of this building. I don't know whether they wash their hands. I don't know. You know, if they're going to social distance. Where were they before they came here. What are the papers, they're carrying.

99

00:14:14.070 --> 00:14:25.590

Dan Warzoha: You know, I had attorneys who had documents would let them sit for five, six days in the sun before they would even think about touching

100

00:14:26.550 --> 00:14:37.710

Dan Warzoha: I don't know what good it did. But that's what they they chose to do so again, those things are as we ramp up again. We're going to see some of that and it's just a

101

00:14:39.570 --> 00:14:40.530

Dan Warzoha: You know, bringing

102

00:14:41.880 --> 00:14:46.800

Dan Warzoha: And I hate to use the word normality. But bringing things back to what they were.

103

00:14:48.240 --> 00:14:58.080

Dan Warzoha: Is is going to be an issue. Now this all leads into the, the one area that we have not touched upon, and that's recovery.

104

00:14:59.280 --> 00:15:02.310

Dan Warzoha: And recovery in the town of Grenada means an awful lot.

105

00:15:03.480 --> 00:15:15.570

Dan Warzoha: Not only is it financial it's emotional it's physical, it's how do you rate the school system, the number of people that contact me. Are we going to have school in the fall.

106

00:15:17.610 --> 00:15:19.470

Dan Warzoha: And I can't answer the question.

107

00:15:20.940 --> 00:15:34.020

Dan Warzoha: Of these the kind of things that are weighing on people. Now you know here in June for stuff that's going to happen. The end of August in September, so

108

00:15:36.150 --> 00:15:45.060

Robert Carangelo: We know when the Board of Education, or the superintendent going to make a call as to where the school is account schools will open in September.

109

00:15:45.360 --> 00:15:52.800

Dan Warzoha: I don't know, but I do know that that may not be her call it might be the governor's cool

110

00:15:53.820 --> 00:15:54.090

Robert Carangelo: Through

111

00:15:54.510 --> 00:16:02.730

Dan Warzoha: And that I know for a fact because I'm on a call with the governor every week and they keep

112

00:16:03.930 --> 00:16:14.400

Dan Warzoha: putting that out there that nobody's ready for that decision. Nobody wants to talk about it and the financial impacts are just outstanding.

113

00:16:15.570 --> 00:16:18.360

Dan Warzoha: And then not in a good way. We just

114

00:16:19.380 --> 00:16:34.320

Dan Warzoha: You know, we're gonna have a period of time where we're going to lose things, be it projects be at people. I mean, I always, I just think about the educational loss.

115

00:16:35.550 --> 00:16:52.080

Dan Warzoha: That in the students. It just boggles me as to what's going on right now is we're sitting here talking the number of kids that have lost social distancing. You know, I've lost social contact have lost their ability to connect

116

00:16:53.610 --> 00:17:06.180

Dan Warzoha: Teacher wise and now we go into summer and and and how many of these kids are going to be able to come back in the fall again so recovery is going to be a big issue here and

117

00:17:07.560 --> 00:17:14.580

Dan Warzoha: It's just not what people think. Normally, and it's not from a female perspective, it's not a normal event.

118

00:17:16.470 --> 00:17:36.630

Dan Warzoha: Which is good and bad. It's good for us because it's going to, I think we'll see a better money picture come to the town of Grandage it's bad, because we're going to see caveats put on a funding bills and things that we never saw before, and

119

00:17:38.100 --> 00:17:46.770

Dan Warzoha: So again, that's a down the road issue that we're going to have to keep keep working on the town's risk manager.

120

00:17:47.370 --> 00:18:04.650

Dan Warzoha: Megan Zielinski is our lead point with that she's working with Ben branyan and myself, and we're looking at the costs and so we can be able to start folding all that together but simple things.

121

00:18:05.430 --> 00:18:15.300

Dan Warzoha: Masks and pee pee for the registrar voters office, something they don't have in their budget, they're going to need a lot of it.

122

00:18:16.620 --> 00:18:18.540

Dan Warzoha: They've got presidential election.

123

00:18:20.070 --> 00:18:29.490

Dan Warzoha: They've got primaries. So I mean it's, there's a lot of little things that pop to the surface that the town's going to have to

124

00:18:30.120 --> 00:18:43.830

Dan Warzoha: Pay out for. And then we're going to have to try and recoup that from from the feds so I'm pretty much that's that's the overview in the Cliff Notes version, the bigger picture.

125

00:18:44.970 --> 00:18:48.390

Dan Warzoha: Again will come out when we do the the after action report.

126

00:18:49.770 --> 00:18:50.220

Dan Warzoha: And

127

00:18:50.460 --> 00:19:00.480

Robert Carangelo: Dan, thank you. A couple quick questions and I'll open up to questions. So numbers, one on the staffing, as you mentioned, sounds like some people are concerned about coming to town hall.

128

00:19:01.680 --> 00:19:05.070

Robert Carangelo: Are there any staffing issues within the police and fire department.

129

00:19:05.700 --> 00:19:17.700

Dan Warzoha: As far as I'm aware of at as of today. As of today, staffing levels. The answer is no. There was, there were two police officers who were out but

130

00:19:18.210 --> 00:19:38.550

Dan Warzoha: We're not coven 19 they were medicals but they weren't coven 19 related. We've had officers. We've had firefighters. We've had medics people be out for testing periods and some of that stuff is created a lot of angst, both personally for those individuals we had

131

00:19:39.600 --> 00:20:00.300

Dan Warzoha: One firefighter whose wife did not want him to come home because she didn't want to get it. She didn't want her kids to get it. And so we're making alternate arrangements for this individual to stay someplace where he could be medically watch, but until we got his testing results.

132

00:20:01.740 --> 00:20:04.230

Dan Warzoha: He was not at home so that stressful.

133

00:20:05.610 --> 00:20:06.270

Dan Warzoha: So, but

134

00:20:06.780 --> 00:20:15.900

Dan Warzoha: Yeah, we're okay. That way gems. I don't know what their, their status number is as of today, but they've been pretty good.

135

00:20:16.470 --> 00:20:19.890

Robert Carangelo: And we're going to hear from shortly. So ask them the same question.

136

00:20:21.690 --> 00:20:25.080

Robert Carangelo: Last follow up question is, you mentioned the beginning

137

00:20:26.520 --> 00:20:31.260

Robert Carangelo: Working with lots of different organizations. And I think you mentioned the Red Cross.

138

00:20:32.700 --> 00:20:39.720

Robert Carangelo: Which were you working with Red Cross, New York, and what have they been doing and contributing in connection with depend on me.

139

00:20:40.440 --> 00:20:56.760

Dan Warzoha: Well, they've been providing all types of guidelines informational sets. If people needed to be sheltered like fumble fire situation, the stuff that they would normally do, how to handle that in a coven situation.

140

00:20:57.780 --> 00:21:13.830

Dan Warzoha: Fortunately, we did not have any of that so far and I don't want to jinx. The town with the getting a situation tonight, where we got a shelter 20 but they had reviewed our operations down at

141

00:21:15.720 --> 00:21:27.630

Dan Warzoha: Western granite Civic Center their equipment set our equipment said they were prepared to go there was no no doubt my mind that if we needed to to activate they were going to be there.

142

00:21:41.700 --> 00:21:42.180

We there.

143

00:21:47.610 --> 00:21:51.480

Robert Carangelo: I was out for a little bit bad people disconnected.

144

00:21:52.500 --> 00:21:53.520

Dan Warzoha: I'm, I'm here.

145

00:21:54.570 --> 00:21:55.290

Maryann Ramos: We're okay.

146

00:21:55.740 --> 00:21:56.220

Robert Carangelo: Okay care.

147

00:21:56.730 --> 00:21:57.360

Vick Sandhu: Yep. Okay.

148

00:21:57.840 --> 00:22:00.810

Robert Carangelo: All right, so far, must be a connection to my end so

149

00:22:01.890 --> 00:22:07.860

Robert Carangelo: Do other board members have any questions for Mr wars Ella, just raise your hand.

150

00:22:09.990 --> 00:22:10.500

Robert Carangelo: If you do

151

00:22:13.710 --> 00:22:14.190

Robert Carangelo: All right. Alright.

152

00:22:15.480 --> 00:22:20.400

Robert Carangelo: Well, thank you again for joining us. You'll have a short commute to get home tonight.

153

00:22:22.560 --> 00:22:23.250

Dan Warzoha: Very good.

154

00:22:24.060 --> 00:22:29.640

Robert Carangelo: And keep up the good work. I know this is a very tough busy time for everyone. Thank you.

155

00:22:30.030 --> 00:22:39.570

Dan Warzoha: It's one thing I would like to say is that the level of cooperation between the health department and my office has been outstanding.

156

00:22:40.620 --> 00:22:43.890

Dan Warzoha: Communications on a daily basis have been

157

00:22:44.610 --> 00:22:45.300

More than

158

00:22:46.590 --> 00:22:47.310

Dan Warzoha: We

159

00:22:48.750 --> 00:22:49.200

Dan Warzoha: You know,

160

00:22:49.590 --> 00:22:51.030

Dan Warzoha: anytime there was an issue.

161

00:22:54.090 --> 00:22:55.890

Robert Carangelo: I mean, yeah, I couldn't hear you.

162

00:22:56.190 --> 00:22:59.670

Dan Warzoha: I said, anytime there was an issue we resolve what we needed to do.

163

00:23:00.930 --> 00:23:03.840

Dan Warzoha: And I'm quite pleased that

164

00:23:05.040 --> 00:23:17.130

Dan Warzoha: The way that the health department staff interacted with me. And any questions I had. So again, kudos to Caroline and her folks. They did a pretty darn good job here.

165

00:23:18.390 --> 00:23:19.920

Robert Carangelo: Thank you. Appreciate your point that out.

166

00:23:22.080 --> 00:23:23.610

Robert Carangelo: All right. Thank you, Dad. Have a good evening.

167

00:23:23.910 --> 00:23:25.500

Dan Warzoha: You too. Take care everyone

168

00:23:25.890 --> 00:23:26.280

Alright.

169

00:23:27.510 --> 00:23:27.810

Maryann Ramos: Thanks.

170

00:23:29.610 --> 00:23:37.170

Robert Carangelo: Alright so next up on the agenda is the quarterly report from jams and I know Tracy and Tom are

171

00:23:38.790 --> 00:23:40.530

Robert Carangelo: In the, in the, in the waiting room.

172

00:23:42.360 --> 00:23:45.630

Robert Carangelo: And enjoy. I know, bring them in. I see.

173

00:23:48.810 --> 00:23:51.330

Robert Carangelo: Tracy and Tom might be together. I don't know.

174

00:23:51.390 --> 00:23:53.400

Tracy Schietinger Tom Miserendino GEMS: Peter, we are. OK.

175

00:23:53.430 --> 00:23:55.500

Robert Carangelo: You are. Okay, so it's one screen.

176

00:24:10.110 --> 00:24:14.130

Robert Carangelo: Maybe I get Tracy and Tommy identify yourself the record.

177

00:24:15.540 --> 00:24:19.440

Tracy Schietinger Tom Miserendino GEMS: Receiving her with gems Tom has earned Dino with gems.

178

00:24:20.220 --> 00:24:22.620

Robert Carangelo: All right. Thank you both for joining.

179

00:24:24.660 --> 00:24:25.170

Tracy Schietinger Tom Miserendino GEMS: We go.

180

00:24:26.580 --> 00:24:27.990

Robert Carangelo: And we can see you as well.

181

00:24:29.430 --> 00:24:29.850

Tracy Schietinger Tom Miserendino GEMS: A better

182

00:24:30.450 --> 00:24:30.780

Yes.

183

00:24:32.130 --> 00:24:32.910

Robert Carangelo: All right, well,

184

00:24:36.180 --> 00:24:42.690

Robert Carangelo: These are not ordinary times. I'm sorry, just by the fact we're having to do is do this by zoom instead of in person, but

185

00:24:43.260 --> 00:24:55.350

Robert Carangelo: I'll let you start with your normal reports, then, and then I guess we can. I'm sure you'll be working in the impact of coven 19 both on the finances and the operation so

186

00:24:55.860 --> 00:25:04.710

Robert Carangelo: Why don't we start as usual time with your presentation on on the finances of board members should have in their packet of materials.

187

00:25:05.760 --> 00:25:08.610

Robert Carangelo: The typical quarterly report, as well as

188

00:25:10.080 --> 00:25:11.430

Robert Carangelo: Some financial statements.

189

00:25:11.880 --> 00:25:21.330

Tracy Schietinger Tom Miserendino GEMS: That's right now. The if you want to just look at page two, which is the actual financials and operating budgets, I'll just speak to that, and I'll just give a recap of the year here.

190

00:25:21.870 --> 00:25:32.070

Tracy Schietinger Tom Miserendino GEMS: Okay, we, we ended a fiscal year 2020 very strong. We had a change in Net Operating Assets of a positive 460 \$4,000

191

00:25:34.050 --> 00:25:45.120

Tracy Schietinger Tom Miserendino GEMS: On the revenue side, we were 1% ahead of budget and that's \$65,000. This was driven primarily by training revenue, which was 44% ahead of budget.

192

00:25:47.490 --> 00:25:58.830

Tracy Schietinger Tom Miserendino GEMS: investment income, which is our interest income was \$24,000 for the year. And that's compared to 3000 for the prior year. And that was primarily driven by the

193

00:25:59.580 --> 00:26:13.680

Tracy Schietinger Tom Miserendino GEMS: Passion investment sweet program that we implemented, about a year ago arm. We also had other income of about \$60,000 and this was a Health and Human Services stimulus grant, we received

194

00:26:14.190 --> 00:26:32.490

Tracy Schietinger Tom Miserendino GEMS: As Medicare participants. So this that went a long way of helping us stay kind of right on budget on the revenue side and then you know on the on the patient revenue side, beginning in March, we saw that start to decline, we ended the year 3% below budget about 76,000

195

00:26:34.950 --> 00:26:48.990

Tracy Schietinger Tom Miserendino GEMS: On the expense side we came in 5% under budget, which was about \$98,000 primary drivers on that side were in personnel services where we were 5% below budget or 230 8000

196

00:26:49.560 --> 00:26:57.600

Tracy Schietinger Tom Miserendino GEMS: On that was, you know, some staffing changes which I think we spoke about in our last couple of meetings, replacing folks who were

197

00:26:58.500 --> 00:27:08.070

Tracy Schietinger Tom Miserendino GEMS: Who have left, and we replaced them at lower rates and then change kind of how we staff, our business. Other items and services other than personnel rent, we

198

00:27:08.550 --> 00:27:21.510

Tracy Schietinger Tom Miserendino GEMS: I think we also spoke about our last meeting we had negotiated a new lease. So our rent was \$51,000 under budget on the maintenance wind vehicle maintenance was 28% below budget.

199

00:27:23.910 --> 00:27:27.480

Tracy Schietinger Tom Miserendino GEMS: Line workers comp came in about 38% below budget as well.

200

00:27:30.930 --> 00:27:32.280

Robert Carangelo: going slower, they just

201

00:27:36.840 --> 00:27:38.730

Andy Bronin: Want the workers comp that came in.

202

00:27:40.590 --> 00:27:47.670

Tracy Schietinger Tom Miserendino GEMS: That came in as a result of I think they changed our, our actual rate based on our

203

00:27:47.670 --> 00:27:49.470

Tracy Schietinger Tom Miserendino GEMS: Experience so

204

00:27:50.640 --> 00:27:53.280

Tracy Schietinger Tom Miserendino GEMS: We had a budgeted number and

205

00:27:53.760 --> 00:27:54.600

Tracy Schietinger Tom Miserendino GEMS: In the end,

206

00:27:55.980 --> 00:28:11.010

Tracy Schietinger Tom Miserendino GEMS: After the budget came in. We received a lower rate plus a rebate one rebate across the board from the workers trust because the entire company was doing well. So we received a \$30,000

207

00:28:12.120 --> 00:28:13.800

Tracy Schietinger Tom Miserendino GEMS: One time rebates.

208

00:28:16.200 --> 00:28:16.470

So,

209

00:28:17.550 --> 00:28:19.530

Tracy Schietinger Tom Miserendino GEMS: I cash side and then for the

210

00:28:19.530 --> 00:28:32.280

Tracy Schietinger Tom Miserendino GEMS: month of April or cash collections were about 150 \$5,000 this compares to our historical monthly average of about 180,000 and again you know we we could attribute this directly to

211

00:28:34.140 --> 00:28:45.510

Tracy Schietinger Tom Miserendino GEMS: Our billable calls were down 26% from in our in April from March and down little over 30% year over year April of this year to April of last year.

212

00:28:46.110 --> 00:28:55.290

Tracy Schietinger Tom Miserendino GEMS: So, these, these are things, you know, causing some stress on the business right now. The hard thing is not knowing kind of the end date or the expiration date all that so

213

00:28:55.800 --> 00:29:06.120

Tracy Schietinger Tom Miserendino GEMS: Arm it came back, you know, those numbers are slightly better, you know, our first indications of May, but, you know, we just don't know when this will end. And that's the hard part.

214

00:29:07.500 --> 00:29:20.610

Robert Carangelo: Right, we know what kind of budget you assume your budget for for the next fiscal year was based on on normal activity and you just don't know how how bad you're going to miss that budget.

215

00:29:22.500 --> 00:29:24.420

Tracy Schietinger Tom Miserendino GEMS: Right, so that was all done pre coded

216

00:29:24.840 --> 00:29:27.630

Tracy Schietinger Tom Miserendino GEMS: based on historical unknown expenses.

217

00:29:33.990 --> 00:29:34.470

Robert Carangelo: All right.

218

00:29:37.650 --> 00:29:37.920

Does

219

00:29:39.870 --> 00:29:43.740

Robert Carangelo: Anyone else have questions about the finances.

220

00:29:44.160 --> 00:29:45.180

marilyncahn: I have a question.

221

00:29:45.840 --> 00:29:46.920

Robert Carangelo: All right, Dr. Khan.

222

00:29:48.360 --> 00:29:57.330

marilyncahn: I would like to commend you and your staff for operating under these even more difficult conditions than usual.

223

00:29:58.470 --> 00:29:58.950

marilyncahn: That's fine.

224

00:29:59.850 --> 00:30:00.330

Tracy Schietinger Tom Miserendino GEMS: Thank you.

225

00:30:04.110 --> 00:30:06.810

Robert Carangelo: Anyone else Miss Ramos.

226

00:30:08.070 --> 00:30:09.930

Robert Carangelo: You have to unmute yourself. Yes.

227

00:30:10.170 --> 00:30:13.710

Maryann Ramos: I'm just wanted to know how, how many more.

228

00:30:15.510 --> 00:30:22.260

Maryann Ramos: Gems calls with their percentage wise 50% more after call but started in

229

00:30:25.140 --> 00:30:25.980

Robert Carangelo: A minute lunch.

230

00:30:26.370 --> 00:30:42.030

Tracy Schietinger Tom Miserendino GEMS: They were less yeah about 25% less calls since March. Overall I'm the vast majority of our day to day stuff in the middle of April.

231

00:30:43.020 --> 00:31:04.770

Tracy Schietinger Tom Miserendino GEMS: 30 37% of all of our calls were coven or coven positive in the 60 65% is the number that of our calls were green for being cold bid related, even though we treat every patient as a potential coven patient but the numbers were astronomical

232

00:31:12.510 --> 00:31:19.110

Robert Carangelo: All right, Tracy, do you want to talk a little bit about the operations. Again, it seems like these are not normal times

233

00:31:19.290 --> 00:31:35.130

Tracy Schietinger Tom Miserendino GEMS: Sure, so they are definitely not normal on to echo what Dan was saying, you know, we do prepare for this. This is what you know people in healthcare do. This is what EMT paramedics do, but this is not something that we were anticipating

234

00:31:36.720 --> 00:31:43.740

Tracy Schietinger Tom Miserendino GEMS: Not being able to have the proper p, p, which is our personal protective equipment is not something that we're used to.

235

00:31:44.160 --> 00:31:57.030

Tracy Schietinger Tom Miserendino GEMS: And it is simply troubling when we're supposed to be protecting ourselves in order to protect us the next patient. Our families like Dan was saying, you know, so we can be out there.

236

00:31:58.140 --> 00:32:00.390

Tracy Schietinger Tom Miserendino GEMS: Providing pre Hospital Medical care.

237

00:32:01.440 --> 00:32:10.890

Tracy Schietinger Tom Miserendino GEMS: It was very taxing and it actually still is very taxing again we treat every patient we come in contact with even today, as if

238

00:32:11.460 --> 00:32:27.420

Tracy Schietinger Tom Miserendino GEMS: They are coated positive I think this will forever change the the face of healthcare. I think you will always see people wearing masks and healthcare. Now where are on a typical ambulance call we could walk into your house and have a conversation, you'd be able to see our faces.

239

00:32:28.470 --> 00:32:35.760

Tracy Schietinger Tom Miserendino GEMS: I really don't think that's ever going to be the way it is from here on out. I could be wrong but um

240

00:32:36.450 --> 00:32:45.750

Tracy Schietinger Tom Miserendino GEMS: For the most part our staff considering did very, very well. We did have six people end up testing positive for Kobe.

241

00:32:46.440 --> 00:32:54.480

Tracy Schietinger Tom Miserendino GEMS: Out of the we have 32 full time employees and roughly 50

including all of our part timers who also work.

242

00:32:55.470 --> 00:33:05.340

Tracy Schietinger Tom Miserendino GEMS: Nine times out of 10 at another MS agency in the area. So overall, they did a fantastic job keeping themselves healthy. Their Families, Healthy

243

00:33:05.880 --> 00:33:19.860

Tracy Schietinger Tom Miserendino GEMS: And their mental well being healthy. So our biggest issue that, aside from our mental well being and Pb is our call volume and how we're dealing with that and how we are going to manage

244

00:33:21.630 --> 00:33:24.810

Tracy Schietinger Tom Miserendino GEMS: Our budget moving forward. So we're doing the very best that weekend.

245

00:33:25.380 --> 00:33:29.040

Robert Carangelo: You think you're also adjust the training as well.

246

00:33:30.000 --> 00:33:39.330

Tracy Schietinger Tom Miserendino GEMS: Um, there is definitely going to be a reduction in training on the the CPR side, we are trying to come up with ways to

247

00:33:40.620 --> 00:33:41.430

Tracy Schietinger Tom Miserendino GEMS: Manipulate

248

00:33:42.750 --> 00:33:50.880

Tracy Schietinger Tom Miserendino GEMS: Or not manipulate, but do online AJ training, but the American Heart Association is is still wants hands on.

249

00:33:51.360 --> 00:34:01.080

Tracy Schietinger Tom Miserendino GEMS: What we were able to do. Thankfully, is we are having our summer EMT class which is allowing us to do a hybrid type class. So they do all of their training online.

250

00:34:01.920 --> 00:34:12.810

Tracy Schietinger Tom Miserendino GEMS: They do some of their practical online one on one via zoom and then they come in in groups of two to actually get tested out so

251

00:34:15.390 --> 00:34:28.410

Tracy Schietinger Tom Miserendino GEMS: We're not losing that revenue. Remember the. So some of the upsides to not having training or, you know, not having the training is then you don't have the expenses to go along with it so

252

00:34:30.090 --> 00:34:32.670

Tracy Schietinger Tom Miserendino GEMS: We will still be able to put the

253

00:34:33.870 --> 00:34:40.590

Tracy Schietinger Tom Miserendino GEMS: Bike patrol DOWN AT THE BEACH will be doing that starting this coming weekend, as well as the marine medic.

254

00:34:41.400 --> 00:34:50.370

Tracy Schietinger Tom Miserendino GEMS: We feel that those are two things that are extremely

important to the town. We just had a child with an anticlimactic reaction. This past weekend down at the point

255

00:34:51.270 --> 00:34:57.330

Tracy Schietinger Tom Miserendino GEMS: Really would have been beneficial to have somebody there. The good thing is, is we still got there in six minutes and you know

256

00:34:57.840 --> 00:35:08.850

Tracy Schietinger Tom Miserendino GEMS: The child is subsequently fine, but, um, there are a lot of people still utilizing the beach, even though they're close to outsiders. If you're not from Greenwich, and the

257

00:35:09.690 --> 00:35:16.020

Tracy Schietinger Tom Miserendino GEMS: The boaters out, you know, are still out on the water, even though the fairies aren't up and running quite yet. So we're still going to be there.

258

00:35:17.100 --> 00:35:25.080

Robert Carangelo: And transfer you have you have you had any issues with staffing issues with people not wanting to come come to work because they're afraid of getting covered it.

259

00:35:25.770 --> 00:35:26.730

Tracy Schietinger Tom Miserendino GEMS: We have not

260

00:35:27.810 --> 00:35:36.360

Tracy Schietinger Tom Miserendino GEMS: Thankfully, we did have one where we did have a similar situation where someone's wife was slightly concerned and we talked with

261

00:35:38.040 --> 00:35:47.460

Tracy Schietinger Tom Miserendino GEMS: With the whole family actually and it was determined that, you know, I actually spoke to Caroline about this person and it was determined that

262

00:35:48.000 --> 00:36:01.470

Tracy Schietinger Tom Miserendino GEMS: They could be sort of self contained in their own bedroom with their own bathroom and as long as they had their own shower and everything. So they came into the house showered, and the family felt comfortable with that. So thank you, Caroline.

263

00:36:02.760 --> 00:36:03.180

marilyncahn: As to

264

00:36:04.080 --> 00:36:05.250

Robert Carangelo: Doc, Dr. Khan.

265

00:36:06.270 --> 00:36:14.400

marilyncahn: Do you have a policy for when a person who was coven positive can return to work.

266

00:36:14.970 --> 00:36:21.150

Tracy Schietinger Tom Miserendino GEMS: We do, we were following CDC guidance and the state guidelines. So there's very strict

267

00:36:22.800 --> 00:36:25.020

Tracy Schietinger Tom Miserendino GEMS: guidance out there and we follow it. Exactly.

268

00:36:25.530 --> 00:36:25.920

marilyncahn: Thank you.

269

00:36:26.220 --> 00:36:30.120

Robert Carangelo: What is that guidance is still 1414. Here it is.

270

00:36:30.120 --> 00:36:36.060

Tracy Schietinger Tom Miserendino GEMS: Not it has changed slightly changed to 10 so if you believe that you were exposed or you test positive

271

00:36:37.500 --> 00:36:44.460

Tracy Schietinger Tom Miserendino GEMS: Without having that in front of me. I believe it's you can return to work, wearing a mask 72 hours.

272

00:36:46.020 --> 00:36:57.870

Tracy Schietinger Tom Miserendino GEMS: Past, your last symptom. So if you had a fever or a call or something, you're able to return to work. Once those symptoms have resolved long is 72 hours have passed and it

273

00:36:58.260 --> 00:36:58.530

Robert Carangelo: Is just

274

00:36:58.740 --> 00:37:02.430

Tracy Schietinger Tom Miserendino GEMS: Symptomatic you have a 10 day window now not 14

275

00:37:03.360 --> 00:37:06.450

Robert Carangelo: Mr Sanyo has his hand up. I didn't see that little blue hand but

276

00:37:07.050 --> 00:37:08.580

Vick Sandhu: There's no no no no problem.

277

00:37:09.000 --> 00:37:13.680

Vick Sandhu: I just had a quick question. So the 2019 and 2020 budget.

278

00:37:15.030 --> 00:37:24.720

Vick Sandhu: Ended April 30 of 2020 so based on kind of rough math that incorporates call it, you know, six weeks of coven 19 impact.

279

00:37:26.310 --> 00:37:37.800

Vick Sandhu: During that period of time, as we've talked about the level of patient services and training income etc on the revenue side has decreased pretty substantially for the

280

00:37:39.930 --> 00:37:50.640

Vick Sandhu: Budget, you're going to see that budget incorporate call it, you know. We don't know when this is going to end. But at a minimum, call it May, June, July,

281

00:37:51.210 --> 00:38:04.350

Vick Sandhu: You know, August, maybe September five, six months of covert impact. And I'm assuming that although the level of patient services and training income may not, you know, on a percentage basis.

282

00:38:04.890 --> 00:38:18.990

Vick Sandhu: Be down and substantially as it was for the six week period that incorporated that is incorporated in the 2019 2020 budget because people are kind of slowly going to come back there is going to be a fairly significant impact.

283

00:38:20.400 --> 00:38:37.020

Vick Sandhu: In all likelihood, on the revenue for four gems because of the longer duration that that you know you're going to see in the in the 2020 2020 2021 budget from the impact of covert on that budget.

284

00:38:38.310 --> 00:38:43.740

Vick Sandhu: Is there any concern. Based on that, that, you know, you're going to not be able to

285

00:38:44.580 --> 00:39:00.270

Vick Sandhu: Meet your obligations. Now you were up a lot from a net revenue expense perspective for 19 and 20. I mean, I'm looking at 460 \$4,000 so I assume there's no contingency plan, you know, maybe that you're going to have to implement, but I just wanted to

286

00:39:01.350 --> 00:39:03.240

Vick Sandhu: ask you whether you thought about

287

00:39:04.560 --> 00:39:18.330

Vick Sandhu: The impact of covert on again. The 2020 2021 budget because you're going to have that longer period that it's going to be impacting the budget for whereas again. This one was kind of six weeks. Right.

288

00:39:19.140 --> 00:39:27.810

Tracy Schietinger Tom Miserendino GEMS: So, so the answer question. Yes, we have thought about it. What I did is I. It's funny you said through August. That's exactly kind of what I modeled here at the beginning of April.

289

00:39:28.230 --> 00:39:35.250

Tracy Schietinger Tom Miserendino GEMS: Looking at the impact of exactly that lost revenue. And I looked at, you know, the main items training.

290

00:39:36.030 --> 00:39:47.430

Tracy Schietinger Tom Miserendino GEMS: Standby revenue patient revenue and you know our investment income line. So I assumed through through August that our patient revenue would be down 25%

291

00:39:48.150 --> 00:39:57.180

Tracy Schietinger Tom Miserendino GEMS: I know our investment income has gone down because I know yields have gone down. That's going to be that's going to be an impact of, you know, upwards of \$10,000

292

00:39:57.750 --> 00:40:05.940

Tracy Schietinger Tom Miserendino GEMS: I'm certainly standby revenue with. There was zero for April. I'm not sure there was any in May, either. So, you know, that was zeroed out

293

00:40:06.390 --> 00:40:23.220

Tracy Schietinger Tom Miserendino GEMS: And I assume that you know that going forward, you know, through August, as well as you know reduction in training, although we're able to do some training, you know, with those basic assumptions through August. That's a \$330,000 impact to our top line.

294

00:40:23.640 --> 00:40:35.040

Tracy Schietinger Tom Miserendino GEMS: Yep. So a what gives us comfort is we did go ahead and we did apply for and receive a PPP loan through the Small Business Administration.

295

00:40:35.670 --> 00:40:48.420

Tracy Schietinger Tom Miserendino GEMS: So at this point, you know, that is that is larger than that. Last but not knowing when it ends, you know, we're hoping that will get us through that. So certainly through August, but I think we're very comfortable and probably through September.

296

00:40:48.960 --> 00:40:59.130

Tracy Schietinger Tom Miserendino GEMS: Arm if things kind of research and go down again after that. Well, then we'll have to kind of, you know, reassess and see kind of you know where to go from there.

297

00:40:59.550 --> 00:41:13.350

Tracy Schietinger Tom Miserendino GEMS: But for the time being, I think we're, we're, we're in a good position. And in addition, as you correctly say, you know what, we have it. We're in a good we were in a good cash position prior to receiving the PPP loan as well so

298

00:41:14.580 --> 00:41:15.780

Vick Sandhu: That's a good answer. Thank you.

299

00:41:15.990 --> 00:41:16.590

Tracy Schietinger Tom Miserendino GEMS: You're welcome.

300

00:41:26.190 --> 00:41:26.580

Robert Carangelo: Ronan

301

00:41:35.550 --> 00:41:38.010

Robert Carangelo: Lose don't drive to Brian you're on mute. Dr. Brian

302

00:41:38.850 --> 00:41:40.590

Andy Bronin: unmute. There we go. You hear me.

303

00:41:40.710 --> 00:41:41.640

Robert Carangelo: Yes. Now again,

304

00:41:42.240 --> 00:41:45.180

Andy Bronin: Very soon regarding the six personnel who were

305

00:41:46.200 --> 00:41:57.990

Andy Bronin: In Lauren over 19 did you guys do contract tracing. I was particularly interested in whether it be determined whether they were infected by on job activities or whether in their private life.

306

00:41:58.920 --> 00:41:59.100

Andy Bronin: We

307

00:41:59.160 --> 00:42:06.060

Tracy Schietinger Tom Miserendino GEMS: Didn't do this happened all six of them actually happened in March. So that was very early on in

308

00:42:07.350 --> 00:42:12.960

Tracy Schietinger Tom Miserendino GEMS: You know, this whole pandemic outbreak. So contact tracing was not on our

309

00:42:14.340 --> 00:42:19.140

Tracy Schietinger Tom Miserendino GEMS: Fresh on our mind something that came up, you know, probably with a few weeks after that.

310

00:42:19.710 --> 00:42:21.840

Tracy Schietinger Tom Miserendino GEMS: We were not able a few of them.

311

00:42:22.080 --> 00:42:23.250

Tracy Schietinger Tom Miserendino GEMS: We could actually

312

00:42:23.280 --> 00:42:38.910

Tracy Schietinger Tom Miserendino GEMS: Every single one of them. We could tie to them coming in direct contact with coven positive patients. Question is, they were wearing pee pee. So, did it happen here. Did it happen at the gas station, you know,

313

00:42:39.240 --> 00:42:41.370

Tracy Schietinger Tom Miserendino GEMS: That was not able to do. Thank you.

314

00:42:46.320 --> 00:42:49.140

Robert Carangelo: All right. Anyone else have any questions for

315

00:42:51.330 --> 00:43:00.090

Robert Carangelo: All right. Well, again, Tracy, Tom. Thank you for, for joining and thank you for what you're doing on the front lines racing and her team are best

316

00:43:00.420 --> 00:43:03.060

Tracy Schietinger Tom Miserendino GEMS: Thank you very much, you save everyone

317

00:43:04.050 --> 00:43:04.440

Thank you.

318

00:43:05.820 --> 00:43:06.240

Robert Carangelo: All right.

319

00:43:07.860 --> 00:43:09.780

Robert Carangelo: Next up on the agenda.

320

00:43:11.010 --> 00:43:13.710

Robert Carangelo: David prospers here to give us

321

00:43:15.540 --> 00:43:16.470

Robert Carangelo: His update

322

00:43:17.670 --> 00:43:18.780

Robert Carangelo: I see David

323

00:43:20.580 --> 00:43:22.020

Robert Carangelo: Needs to on on you.

324

00:43:24.300 --> 00:43:26.370

David Fraszka: Hey, can you see me. You can hear me.

325

00:43:26.520 --> 00:43:27.300

Robert Carangelo: Yes, David.

326

00:43:27.750 --> 00:43:28.110

David Fraszka: All right.

327

00:43:29.190 --> 00:43:35.850

Robert Carangelo: We have, again, David preska the town's emergency preparedness coordinator. And thank you for joining us tonight. They

328

00:43:37.500 --> 00:43:46.920

Robert Carangelo: Gave us report was in your packet, but maybe you can highlight some of the things that you've been doing to assist with the with the coven 19 situation.

329

00:43:47.640 --> 00:44:07.620

David Fraszka: Certainly, certainly, so it's it's definitely been an interesting and trying time for us all. And it's, it's just it's it came up very quick. So it the unknown was was difficult to deal with. But I think you know under Caroline's kind of leadership and Joanna's you know

330

00:44:08.640 --> 00:44:25.500

David Fraszka: Experience. I think it all kind of came together well from from a health department perspective. So I'll just touch you guys have my monthly report, which kind of highlighted the activities that I've kind of undertaken throughout the pandemic.

331

00:44:26.850 --> 00:44:30.930

David Fraszka: And I'll just touch on some, some of the important things that I feel

332

00:44:32.430 --> 00:44:46.620

David Fraszka: I should discuss so like Dan discussed earlier. I think the communication between a lot of the various town entities was was outstanding. I think that anytime we really had a need and we had to reach out to somebody

333

00:44:48.210 --> 00:45:00.750

David Fraszka: The, the time was the time that they got back to us was WAS VERY QUICK AND THE INFORMATION SHARING WAS GREAT between Austin and PD and FD and gems and then

334

00:45:01.980 --> 00:45:09.270

David Fraszka: I would say at the height of the pandemic. I was probably in discussions with Dan, I want to say, pretty much daily so

335

00:45:10.080 --> 00:45:21.930

David Fraszka: Anything that he was dealing with. We knew about anything that we were dealing with. He knew about and just I think that's essential and in emergency operations. And I think that we really help that together well. So

336

00:45:23.400 --> 00:45:30.150

David Fraszka: In addition to the emergency agencies also you know we dealt with the officer. They aging alive. We provided them with a lot of guidance.

337

00:45:30.720 --> 00:45:45.090

David Fraszka: Austin human service services, especially Dr. Barry, we really kind of had a good relationship and kept those communication avenues wide open, which was important and a central so um

338

00:45:45.960 --> 00:45:53.520

David Fraszka: I'll, uh, I'll go on, on to the MRC. So I think the efforts of the MRC Yep, Lauren, I see you raising your hands.

339

00:45:54.240 --> 00:46:00.750

David Fraszka: You know, we have a couple members of the board who are vital and essential members of our medical Reserve Corps.

340

00:46:01.470 --> 00:46:17.400

David Fraszka: At the height of the pandemic. We got inundated quickly with the amount of positive patients and the amount of contacts that they had and the amount of people that the department as a whole, really had to monitor

341

00:46:18.180 --> 00:46:38.760

David Fraszka: I think that the activation of the MRC really helped us kind of in our mitigation efforts to kind of coordinate off the the the spread of the disease in the town. So if without the MRC without their efforts. I think it would have been a lot more difficult. So kudos to them.

342

00:46:40.380 --> 00:46:50.160

David Fraszka: So myself and Joanna, we kind of coordinated the efforts of the MRC and kind of tried to keep everybody in the loop with everything going on as it got busier

343

00:46:50.940 --> 00:46:53.100

David Fraszka: As things picked up but it's

344

00:46:53.490 --> 00:47:04.440

David Fraszka: You know, it's, it's been a little more difficult. But what we're going to try to do is now we have you know the the beauty of technology. We're going to try and get an annual meeting together and try and get everybody together and try and

345

00:47:05.220 --> 00:47:11.790

David Fraszka: You know, discuss just like we're doing here and just keep everybody in the loop in terms of everything. So I think that

346

00:47:12.150 --> 00:47:25.020

David Fraszka: We're very grateful to the MRC I am as well. And I think that they were a vital part of this. And I think that nationwide. I think that that Mr sees have just done an outstanding job just volunteering their time.

347

00:47:25.770 --> 00:47:44.550

David Fraszka: During this crisis to help with those endeavors. I think it was a central to all of our operation. So, so that was something that we dealt with so right at the height of of coven we actually switched from to a different type of volunteer management system, which was strictly

348

00:47:46.320 --> 00:47:50.820

David Fraszka: Was strictly web based. So having to transfer over to that.

349

00:47:51.150 --> 00:48:01.080

David Fraszka: Has taken some time and I'm still in the process of of trying to work out the kinks there and try and get all of our members on onto that system. So that's

350

00:48:01.350 --> 00:48:09.210

David Fraszka: That's, that's been a trying time but but we're, we're getting through that as well. So I'm just the the regional coordination between everybody as well.

351

00:48:10.230 --> 00:48:15.120

David Fraszka: From from all of region one has really been outstanding.

352

00:48:16.170 --> 00:48:26.970

David Fraszka: All of the the health departments throughout the region, all of our ESF eight partners have been great. We've all been sharing ideas just discussing providing guidance to each other.

353

00:48:28.170 --> 00:48:38.700

David Fraszka: And it's, it's just been key to all of our success and getting through this pandemic time so I'm in addition to that, I've been

354

00:48:39.210 --> 00:48:46.290

David Fraszka: contact tracing. So I've been taking taking on that along right alongside with the MRC members. I've been doing that as well. So

355

00:48:47.220 --> 00:48:54.600

David Fraszka: That's been an interesting time but I will say that the Greenwich population, the residents have been great. They all I haven't had

356

00:48:55.260 --> 00:49:06.780

David Fraszka: Any issues really the people have been outstanding they've they really you really see what what a community is made of when when they face adversity and I think everybody really

357

00:49:07.500 --> 00:49:22.590

David Fraszka: Came together and they listened to the guidance and you know it's not over. We're not through this. Certainly not. But I think that we need to continue to stick together and and keep listening and just and just

358

00:49:23.790 --> 00:49:28.770

David Fraszka: working hard to make sure that that we can control the spread from from continuing so

359

00:49:30.510 --> 00:49:47.940

David Fraszka: I think social media has been has been an important aspect of of our operations as well. If you remember, I mean, we started our social media campaign, I want to say, not very long ago. So I think that sending out

360

00:49:48.990 --> 00:49:55.740

David Fraszka: I provide, I would say that we provided maybe daily guidance outward to the public just positive messaging trying to pump out

361

00:49:56.610 --> 00:50:09.900

David Fraszka: Things that we're doing things that you should be doing guidance from the CDC, things

like that, that the public could really follow and absorb. So we've we've increased our followership big time. And I think that

362

00:50:10.800 --> 00:50:15.690

David Fraszka: That's something that I'll continue to work on in the future. And I think that it's a great way

363

00:50:15.900 --> 00:50:26.340

David Fraszka: To stay connected with the public. And I think that it's a great way for quick communication and to keep people in the know of what's going on and how to how to make sure that you're you're staying safe.

364

00:50:27.810 --> 00:50:28.800

David Fraszka: So right now.

365

00:50:29.940 --> 00:50:34.830

David Fraszka: We have been getting large shipments of pee pee from the state so

366

00:50:35.490 --> 00:50:47.160

David Fraszka: DPA has been providing us with with a lot of pee pee that we've really Caroline and I have really been trying to pump it out to local medical providers and just just getting it out as much as we can so

367

00:50:47.670 --> 00:50:58.530

David Fraszka: We've really been working on that we've been the THE WHOLE DEPARTMENT HAS BEEN CALLING we've been trying to push out and push out supplies and make sure that everybody has what they need.

368

00:50:59.220 --> 00:51:10.140

David Fraszka: So that when operations do open up or operations are open now that that they're doing it safely and that they have what they need in order to succeed. So that's a

369

00:51:10.620 --> 00:51:24.870

David Fraszka: That's what we're doing now and now moving towards the future. I don't want to take up too much you guys time. I know you're, you have a lot of new agenda, but I think, as Dan was discussing before the after action report is is essential. I think that

370

00:51:26.070 --> 00:51:37.290

David Fraszka: Will begin work on that very soon. Not that the incident is over. But I think it's important that when everything's fresh i think it's it's good to start analyzing things that we've done and just

371

00:51:37.800 --> 00:51:50.280

Robert Carangelo: Catch up because I know damn it as well is just after X report something that that you will to adjust for the department or something, you're working on. Is it, is it a town document that you and Dan knows will be having input into

372

00:51:50.970 --> 00:51:59.400

David Fraszka: So we'll definitely Dan and I will definitely sit down and discuss it, but from, from our perspective will just be doing it from from a health department side so

373

00:51:59.430 --> 00:52:02.010

Robert Carangelo: Dan's going to do his own separate after action report.

374

00:52:02.250 --> 00:52:08.250

David Fraszka: Right, right. But we'll, you know, we'll coordinate throughout and, you know, we'll keep our communication as always.

375

00:52:08.340 --> 00:52:14.220

Robert Carangelo: It's basically a lessons learned thing. Here's what we learned and here's how I would do what we'll do. Bit better differently the next time.

376

00:52:14.430 --> 00:52:23.970

David Fraszka: Right. Right. So there's always things you could do better. You could always Monday morning quarterback the quarterback things. So that's something that we're going to have to do. And we'll sit down as a department.

377

00:52:25.020 --> 00:52:37.050

David Fraszka: You know, this isn't Caroline's first go around and it's it's just been great just learning from her. And from my perspective as well. So it's that that's been great. And I'm looking forward to getting into those steps as well.

378

00:52:37.800 --> 00:52:40.740

Robert Carangelo: And just other one question on the after action report.

379

00:52:44.490 --> 00:52:51.630

Robert Carangelo: Who like when, when do we do it. Is that something we have to rewrite it does it stay in the departments files is that that we make public

380

00:52:52.410 --> 00:53:09.930

David Fraszka: It'll stay with us and I mean we can, we'll share it amongst us. And if there's anything that we want to, you know, share with everybody. We absolutely can. That's but it is an internal document and we can you know we will definitely absolutely share

381

00:53:10.770 --> 00:53:16.710

Robert Carangelo: Ya know, I think we're keeping as an internal document hopefully gives you more ability to be candid

382

00:53:17.760 --> 00:53:21.720

Robert Carangelo: So you really can put down the things that need to be learned for the next time when

383

00:53:21.810 --> 00:53:22.200

David Fraszka: Right.

384

00:53:22.290 --> 00:53:37.020

Robert Carangelo: And then maybe things that you said you know that you know pieces or portions that you make public but knowing that it's an internal document and you'd have to make sure you read carefully discuss the implications. But yeah, you guys, you know, how can you can be

385

00:53:37.500 --> 00:53:45.300

David Fraszka: Right. We'll just see, you know, Caroline and I and Joanna will discuss and see, you know, who has access and and all that good stuff. So

386

00:53:46.380 --> 00:54:02.940

David Fraszka: Another thing I wanted to touch on is the are the vaccination plans. So that's

something that we're going to have to really be working on because coven it kind of threw a wrench into all of the flu vaccine plans and everything that we've we've really had so now

387

00:54:04.980 --> 00:54:13.890

David Fraszka: I mean with this. Now we're kind of have to go into move towards like a drive through kind of vaccination clinic, which

388

00:54:14.730 --> 00:54:21.750

David Fraszka: Kind of impacts our plans greatly. So that's something we're really going to have to look at when a vaccine is made available.

389

00:54:22.440 --> 00:54:34.440

David Fraszka: We're actually we're in the process of that now. So I'm looking at everything. Trying to trying to go through and kind of set everything up so that we are prepared in the event when we do have antivirals or vaccines.

390

00:54:34.500 --> 00:54:37.080

Robert Carangelo: Is the conventional thinking that

391

00:54:38.910 --> 00:54:56.220

Robert Carangelo: If they do, they do come up the vaccination that the federal government widget, which would stockpile that and and distributed throughout the country to the statement to the towns or people will be on their own to go to their own doctor to to find a way to get the vaccination.

392

00:54:56.640 --> 00:55:10.380

David Fraszka: Well, we do have a protocol in place and a procedure where we get it from the state would would get it and then they give it to the region and then the region would give it to us and we would disseminate from a local dispensing kind of operation so

393

00:55:11.820 --> 00:55:20.430

David Fraszka: We would have to look at in terms of priority, you know, elder population workforce, things like that, we would have to visit.

394

00:55:21.540 --> 00:55:27.900

David Fraszka: Because if there is a limited supply, we would have to go through things like that so that that's things we're looking at and

395

00:55:28.470 --> 00:55:37.680

David Fraszka: You know, it's an ongoing process, but we're definitely in the process. And we're trying to trying to get those DONE SO WE WERE NOT SURPRISED WHEN WE TO GET A vaccine, you know,

396

00:55:38.580 --> 00:55:39.990

Robert Carangelo: This Japan have you have a question.

397

00:55:42.600 --> 00:55:44.370

Julia Chiappetta: I Dave, thanks for everything good

398

00:55:45.420 --> 00:55:46.470

David Fraszka: Great job well.

399

00:55:46.920 --> 00:55:55.830

Julia Chiappetta: I always love hearing from you. You're so organized. Um, my question is about the

Red Cross and I know it's sort of on the sidelines here but

400

00:55:56.280 --> 00:56:02.010

Julia Chiappetta: Vic and I've been kind of trying to open up communication with the Red Cross for the past several months. And there's been

401

00:56:02.640 --> 00:56:10.860

Julia Chiappetta: A lot of changes and leadership there and I don't have a warm fuzzy feeling that they really as regional now organization.

402

00:56:11.520 --> 00:56:19.830

Julia Chiappetta: Even though we have a big office in Greenwich, we really don't have a whole lot of support. And my concern is still the same.

403

00:56:20.430 --> 00:56:29.040

Julia Chiappetta: With something like Kobe if there was like a major fire or an explosion or hundreds of people have to be sheltered

404

00:56:29.460 --> 00:56:38.040

Julia Chiappetta: I'm not convinced that the Red Cross could actually provide the support that we need Vic and I have actually been in discussions with them for several months.

405

00:56:38.610 --> 00:56:42.840

Julia Chiappetta: And I was actually thinking about this for the last three months. What if

406

00:56:43.530 --> 00:56:50.670

Julia Chiappetta: What if, what if, and I don't think that would they're prepared and I don't think we are either. So I was excited to see that.

407

00:56:51.090 --> 00:56:59.700

Julia Chiappetta: You activated the MCR and Vic. And I actually even talked about coordinating with several other local organizations to get a

408

00:57:00.240 --> 00:57:09.630

Julia Chiappetta: An army of Greenwich volunteers people that are disaster relief train previously people that are emergency, you know,

409

00:57:10.320 --> 00:57:20.160

Julia Chiappetta: Ms trained with CPR and first aid have some sort of coordination skills to put up a shelter, because we would really have been in a bind.

410

00:57:20.670 --> 00:57:36.480

Julia Chiappetta: I believe if something like that happened in the middle of coven and it could very well happen with a lot of people at home, so I'm not convinced the Red Cross really can is our can really help us so wanted to get your impressions on that.

411

00:57:37.800 --> 00:57:41.040

David Fraszka: I remember prior to co vid. I remember you and Vic.

412

00:57:41.430 --> 00:57:50.970

David Fraszka: You know you copied me on that email and we were kind of going to start that conversation with the Red Cross and get that those kind of operations going, which I think it is

important to have

413

00:57:51.300 --> 00:57:56.250

David Fraszka: You know, a relationship with them. They're, they're essential to sheltering operations. And I think that, uh,

414

00:57:56.790 --> 00:58:04.650

David Fraszka: You know, they're, they would be vital for us and it's it's tough, not having them around here. So I'm in terms of sheltering I

415

00:58:05.610 --> 00:58:16.170

David Fraszka: Plans are going to have to change the Red Cross has given out a bunch of guidance for revising sheltering operations. That's something that

416

00:58:16.980 --> 00:58:28.650

David Fraszka: I Dan and I will definitely take a look at and try and kind of visit that and see because that Cove, it really changes everything it until there is a vaccine made available.

417

00:58:29.100 --> 00:58:43.050

David Fraszka: sheltering operations aren't going to be the same if they can't be so that that's something that has to be addressed. And I know that the Red Cross is addressing it. But a lack of a presence here is is definitely difficult for us but

418

00:58:44.940 --> 00:58:56.280

David Fraszka: We'll make it work. I know that you know during Sandy Caroline and and and Joanna at the at the snap of a finger. We're ready. And they they set up that, you know, I wasn't here, but they set up that

419

00:58:57.090 --> 00:59:12.300

David Fraszka: You know that the shelter right away. So it's, it's something that I know that it'll be difficult, but I know that with work and I know that with planning and preparation. I know that it's something that will will overcome definitely so.

420

00:59:12.330 --> 00:59:22.560

Julia Chiappetta: I think we need our own. I think we need our own army of volunteers and Greenwich, I'm not hopeful that we're going to get that support from the Red Cross. So I wanted to float that

421

00:59:23.130 --> 00:59:39.000

Julia Chiappetta: By you with, you know, something that really should be, you know, I'm a big emergency preparedness person, you know, I'm a volunteer. I'm in the OC, but I just don't feel safe with what we have from the Red Cross now and I don't think we have

422

00:59:40.140 --> 00:59:40.740

Julia Chiappetta: Enough.

423

00:59:42.090 --> 00:59:52.920

Julia Chiappetta: Of an army here to really support that if we had something really major happen so hopefully that'll be something that you and Dan can shoot the battle on

424

00:59:53.100 --> 01:00:01.950

David Fraszka: Yeah, we'll definitely look into it. I know that a while we had do have a great robust MRC and we've actually added on to it during coven

425

01:00:02.070 --> 01:00:13.020

David Fraszka: We've had we've had such an outpouring of people that have wanted to volunteer and wanted to take part and wanted to help this community. It's been amazing. My wife, we actually signed her up. She

426

01:00:13.710 --> 01:00:25.770

David Fraszka: Yeah, so we we got her involved as well, which was, which was kind of cool that we got to, you know, work together as well. But I know that Greenwich does have a cert team as well you know that's that's something

427

01:00:25.800 --> 01:00:33.810

David Fraszka: That. Yeah, there you go. So I'm not too familiar with their in terms of how their numbers are, what their

428

01:00:34.590 --> 01:00:43.860

David Fraszka: You know what their capabilities are. But I know that they would, they would certainly be activated in sheltering operations and they would certainly be an integral part of that so

429

01:00:44.010 --> 01:00:57.180

David Fraszka: That's something that you know the MRC working hand in hand with the cert. And if we had some additional assistance from the Red Cross I think that, you know, working all together. I think that that would put us in a much better position to succeed in an event like that.

430

01:00:57.630 --> 01:01:01.380

Julia Chiappetta: Well that's great, thanks. Maybe that can be something in your after report.

431

01:01:01.680 --> 01:01:03.180

Robert Carangelo: Absolutely. All right.

432

01:01:03.960 --> 01:01:05.220

David Fraszka: Thank you. Good to see you.

433

01:01:05.550 --> 01:01:07.320

Robert Carangelo: Ministry most I know you have a question.

434

01:01:07.740 --> 01:01:31.680

Maryann Ramos: It's actually two comments, actually one they both coated related one was notable that one of the patients got ill while he was at home, went to the emergency room in Greenwich, they found by lateral and pneumonia and. But no, I'm sorry. We just shut them.

435

01:01:34.950 --> 01:01:37.620

Maryann Ramos: Up but no problems with

436

01:01:40.920 --> 01:01:55.020

Maryann Ramos: Like a blood clot from a CT scan. So, as it turned out, I spoke to the ER Pa. I'm also a PA and she would go to just send him home, but

437

01:01:55.650 --> 01:02:05.490

Maryann Ramos: After I discussed it with her. I said, well, maybe this is a bacterial overgrowth, she started him on have met and in two days. He was better.

438

01:02:06.120 --> 01:02:23.400

Maryann Ramos: So that's the first thing. The second thing is that I have an older patient. I was also case managing and she was confirmed April 22 was discharged to a step down unit found that she was positive and re

439

01:02:24.600 --> 01:02:34.740

Maryann Ramos: hospitalized. So she's back in the hospital. She's one of the older patients, but she seems to be doing okay and not on a ventilator. Good.

440

01:02:36.180 --> 01:02:42.690

David Fraszka: Good. Well, Marianne, thank you for your, your help as a valued MRC member, you know, we're very lucky to have you.

441

01:02:48.870 --> 01:02:50.520

Robert Carangelo: Does anyone else have any questions for

442

01:02:50.520 --> 01:02:50.850

David

443

01:02:54.390 --> 01:02:59.730

Robert Carangelo: All right, David, thank you very much for joining tonight and for for all your hard work. We appreciate it.

444

01:02:59.970 --> 01:03:03.690

David Fraszka: Thank you, everyone. It's been a pleasure allows TALK TO YOU everybody so

445

01:03:04.050 --> 01:03:05.670

Robert Carangelo: Alright, today our thanks to

446

01:03:05.910 --> 01:03:06.660

Thank you guys.

447

01:03:07.710 --> 01:03:12.690

Robert Carangelo: Alright, last item on the agenda, but not least is an

448

01:03:12.720 --> 01:03:18.750

Robert Carangelo: Update from our own Caroline basically on what the department is is doing now.

449

01:03:20.190 --> 01:03:30.300

Robert Carangelo: Obviously, things have been progressing over time. And I know contract tracing keeps you routinely busy but Caroline. Why don't you give everyone a brief update

450

01:03:33.000 --> 01:03:33.390

CBaisley: Okay.

451

01:03:33.720 --> 01:03:35.400

CBaisley: You know me. Thank you.

452

01:03:36.750 --> 01:03:45.960

CBaisley: So there's a lot of issues, talking to know one thing i want other addresses is that, number one, we are still in the first wave

453

01:03:46.680 --> 01:04:06.540

CBaisley: We have not progressed into a second wave we anticipate or from what I'm reading. And what I'm seeing across the United States and and beyond. It looks like we could very well go into a second wave towards the end of our, you know, fall if not into the new

454

01:04:07.770 --> 01:04:29.010

CBaisley: You know, new, new year, which we're hopeful that we will have a vaccine produced by the, you know, the CDC and what I mean by that is, is that it will be distributed through the National Stockpile as it was in 2008 with the H1 and one pandemic, it will come as a

455

01:04:30.240 --> 01:04:41.190

CBaisley: countermeasure from the federal government and as David said it will be given to health care care providers, one of what's the health department is

456

01:04:41.700 --> 01:04:50.340

CBaisley: For distribution into the community and the public at large, like any other new vaccine, there will be enough to go around.

457

01:04:51.330 --> 01:04:58.590

CBaisley: First for everyone. So there will be a tearing system which will include the most vulnerable populations.

458

01:04:59.220 --> 01:05:19.110

CBaisley: First, most likely, and then of course our healthcare providers and so on so forth. It very similar to what we experienced in each one in one pandemic of 2008 2009 so we're very, very health department is very much familiar with that since we already already experienced that.

459

01:05:20.160 --> 01:05:21.450

CBaisley: We are anticipating

460

01:05:23.310 --> 01:05:33.690

CBaisley: To virus coordination are colliding of to viruses coming into the fall and that can be very challenging for public health.

461

01:05:34.650 --> 01:05:52.950

CBaisley: However, those who have who know me and who have worked with me in the last 10 years or so I believe, especially my staff know that this is just one more challenge that we need to face and it will it will come off I anticipate without a hitch.

462

01:05:54.720 --> 01:06:13.230

CBaisley: The issue is, is that we would have to probably do some kind of Dr. Frame covert vaccination program and we probably would have to do some kind of restrictive immunisation programmes, well, since we still have coven

463

01:06:14.430 --> 01:06:22.380

CBaisley: Circulating we will always have Coco blood circulating even when we get a vaccine and it will take

464

01:06:22.950 --> 01:06:33.060

CBaisley: You know quite some time to start to vaccinate the public and for the public to be actually naturally exposed to the virus. So we're in for the long haul here, folks.

465

01:06:33.570 --> 01:06:44.310

CBaisley: For those who may think that this could be ending in another month or so. So, um, and I, and that's really the issue at hand. Right now we have

466

01:06:45.150 --> 01:07:00.450

CBaisley: Very slow incline of cases we have 819 cases that's about 12 cases from two weeks ago, there have been a couple of days when we were very stable with numbers, but as things start to open and

467

01:07:00.990 --> 01:07:13.830

CBaisley: As we know, Connecticut and New Jersey and New York have been really doing well cases overall are stable even though there are, you know, climbing very slowly.

468

01:07:14.340 --> 01:07:25.680

CBaisley: There's no big, big significant difference they we have lower numbers lower hospitalizations than 24 other states in the in the Union.

469

01:07:26.370 --> 01:07:43.830

CBaisley: For those States that have not experienced, you know, a surge or have opened prematurely or have not implemented any kind of mitigation steps they are feeling the brunt of this virus, as we speak, and they are starting to rescind

470

01:07:45.030 --> 01:07:46.680

CBaisley: approvals and

471

01:07:48.090 --> 01:08:01.140

CBaisley: Taking Back restrictions, rather than lifting them and it's a very eye opener for the rest of the United States, because if we rushed into this these things. This is what's going to happen. So

472

01:08:02.100 --> 01:08:13.140

CBaisley: You know town hall is open. It is the most departments have a full staff. We are on the Governor's restrictions in terms of how many people can be

473

01:08:13.470 --> 01:08:27.840

CBaisley: A President one day, so I'm running about 13 or 14 people per day, which is about half the staff by a staggered kind of operation which is expected of us in business and in government.

474

01:08:29.130 --> 01:08:37.740

CBaisley: All of the staff that are considered high risk are in, we are all mask on a regular basis.

475

01:08:39.120 --> 01:08:43.230

CBaisley: And was adhering to very strict regulations here in terms of

476

01:08:44.250 --> 01:08:52.770

CBaisley: social distancing. So we do take advantage of the technology that we have and phone system and

477

01:08:53.550 --> 01:09:02.460

CBaisley: Conference calling in order to communicate. So it is a very little slower than then a personal one. But we are managing that

478

01:09:03.330 --> 01:09:23.910

CBaisley: It gets a little discouraging at times, but we need to focus on some very important issues in dealing with the contact tracing. As you know, we have done contact tracing from the very beginning. And as you can see, we only have 817 or 19 cases as opposed to nourish show in New York State.

479

01:09:25.350 --> 01:09:35.160

CBaisley: Stanford and Norwalk, which have thousands and thousands of cases. So it's not a miracle that we have only 819 cases here in

480

01:09:35.610 --> 01:09:45.150

CBaisley: in Greenwich is from the hard work of the town's mitigation processes. They'll good character and a hospital and of course the hard work of my staff and

481

01:09:45.600 --> 01:09:53.700

CBaisley: The MRC members that helped to contact tracing and to keep people where they should be, which is isolating and quarantine.

482

01:09:54.390 --> 01:10:11.220

CBaisley: So we are in phase two of the governor's plan to reopen Connecticut and that means we, you know, we're seeing pools being open and the beach being open and barbershops and beauty salons and nail salons. And all of these

483

01:10:12.360 --> 01:10:18.780

CBaisley: You know facilities and these activities are all restricted in terms of the numbers of people, they can have

484

01:10:19.590 --> 01:10:26.460

CBaisley: Even indoor seating. You know, it's half or even less than half of what you normally sit and I think that

485

01:10:27.030 --> 01:10:34.800

CBaisley: In here in New England, at least we are taking it very seriously. At least most of us very seriously that

486

01:10:35.190 --> 01:10:44.490

CBaisley: These things are very important to us that we don't want to digress into we are we've already been we've come this far, and we want to keep it that way. And I think we will

487

01:10:45.300 --> 01:10:53.340

CBaisley: Will have a very hard time of a second wave if it does come in. If we adhere to this. So, you know, all these restrictions, I say to people.

488

01:10:54.240 --> 01:11:02.760

CBaisley: Allow us to become a little bit more normal and and i think that that's really important because there are, unfortunately.

489

01:11:03.240 --> 01:11:14.580

CBaisley: You know, age groups between 20 and 39 that are just throwing in the towel saying this is, you know, I don't want to do this anymore. I want to get back to normal. They're walking around.

490

01:11:15.090 --> 01:11:22.440

CBaisley: You know, doing whatever they want to do and it's only going to lead to a disaster but

491

01:11:22.920 --> 01:11:34.860

CBaisley: We are trying to educate the public, we are not running around and forcing anything enforcement piece, the Health Department only comes with those facilities that are under the jurisdiction of the Department of Health.

492

01:11:35.610 --> 01:11:45.510

CBaisley: Under the Board of Health and under the Director of Health, we are not policing the sidewalks. We're not policing the beach, which, by the way, probably needs a little policing.

493

01:11:47.220 --> 01:11:47.730

CBaisley: And

494

01:11:48.960 --> 01:11:57.570

CBaisley: We're just under we're just pushing telling people, there is a personal responsibility that comes with all this, you can't you can't run after these people

495

01:11:58.380 --> 01:12:11.130

CBaisley: So we're trying to, you know, trying to provide some education and to make that available to them in one way or the other. And we have support from the police department Parks and Recreation

496

01:12:12.360 --> 01:12:23.790

CBaisley: The camaraderie throughout this whole thing was, was very good. But I have to say that my staff there and outstanding job, especially Joanna who held this place together in the heat of the moment.

497

01:12:24.750 --> 01:12:34.380

CBaisley: I can't begin to tell you that she rose to more than just an occasion she held you know 5060 100 people at a clip a day.

498

01:12:35.430 --> 01:12:53.370

CBaisley: And she she had the farm that stuff out, not on a renewal basis, but by other telecommunications, because we all couldn't be here, and they couldn't be here with us. But, um, you know, lauren and Marianne had done a great job.

499

01:12:54.390 --> 01:13:04.140

CBaisley: In stole his in the trench with us helping us in some other MRC people as well, which we could not have done this without them.

500

01:13:05.310 --> 01:13:10.650

CBaisley: And so we're continuing to move forward and plan for the next

501

01:13:12.210 --> 01:13:16.920

CBaisley: You know, the next act, so to speak, and we're trying to

502

01:13:18.000 --> 01:13:35.160

CBaisley: See what we need to do. We have a lot of planning to do and we are participating in the state contact tracing program which is unfortunately not moving in the direction I would like it to move, but we we are working it out is 169 towns.

503

01:13:36.180 --> 01:13:45.120

CBaisley: And there's a lot of regions health regions and health departments independently that need

to get familiar with the software and get on online and on board.

504

01:13:45.720 --> 01:14:01.110

CBaisley: So what we're doing we're doing what we normally been doing doing it the old fashioned way. And then we're going to be in putting the information into the system. Once it becomes online to us right now, we're still doing a little training.

505

01:14:02.640 --> 01:14:09.600

CBaisley: For the contact tracing system that is obviously known is is nationwide. So, um,

506

01:14:10.710 --> 01:14:11.610

CBaisley: Other than that.

507

01:14:12.660 --> 01:14:25.800

CBaisley: I'm just trying to keep you know keep my eye on the matter cases I'm trying to keep my eye on the things that are occurring, whereas opening how that relates to the amount of cases that are that are coming our way.

508

01:14:27.120 --> 01:14:34.680

CBaisley: And I mentioned to our group session that we have with the first selectman and the town administrator and some of the other

509

01:14:35.250 --> 01:14:45.090

CBaisley: Agencies on a weekly basis that you know hospitalizations is something that we look at that everybody kind of hang their hat on, but that is a

510

01:14:45.990 --> 01:14:56.130

CBaisley: Lagging statistic number as it takes about a month for somebody in Atlanta in the hospital, if not die from this disease. So you really need to focus on the data.

511

01:14:56.520 --> 01:15:09.720

CBaisley: How we're moving, we're moving too fast and too close to cases rising, you could get hospitalizations out of it. So we don't want to wait until the doors of the hospital are full.

512

01:15:10.710 --> 01:15:20.100

CBaisley: You know, and people are dying in order to say, oh, gee, we never we have another problem. So we have a problem when these things start to kick in all at once.

513

01:15:21.630 --> 01:15:23.790

CBaisley: And I'm a hopeful that Connecticut.

514

01:15:25.080 --> 01:15:33.720

CBaisley: You know, again, it's not as moving too quickly, perhaps with maybe the people not accepting the fact that we still have to be on a restrictive basis.

515

01:15:35.430 --> 01:15:36.450

CBaisley: I think that

516

01:15:37.560 --> 01:15:45.900

CBaisley: You know, other than that. The planning will be doing that with our staff, the, the hot wash or what David

517

01:15:46.320 --> 01:15:55.320

CBaisley: Spoke about there, there will be the town has asked all the agencies that have been working together over this pandemic to do a

518

01:15:56.040 --> 01:16:12.300

CBaisley: Report that would indicate how each of your departments, you know, response was, so it's not just going to be an internal document. It is going to be a document that's going to be forthright to the town. And I think that on, in all honesty.

519

01:16:13.380 --> 01:16:20.550

CBaisley: We, we can only look at that as a positive thing to do what we did right what we did wrong, what we could do better.

520

01:16:22.080 --> 01:16:23.430

CBaisley: And we've done a lot of

521

01:16:24.540 --> 01:16:29.130

CBaisley: We've done a lot of reports. We've done a lot of hot washing over the last

522

01:16:29.670 --> 01:16:40.020

CBaisley: 10 years especially with each one and one. And it's a it's a cleansing activity that you go through with other agencies and if you're forthright and you're honest with the

523

01:16:40.380 --> 01:16:51.480

CBaisley: With yourselves, you could really learn a lot from it. I can, I can name a whole bunch of things that we could do better and I can say what we did absolutely right.

524

01:16:52.530 --> 01:17:04.050

CBaisley: From the perspective of having a knowledgeable season people to address this matter really really helped and having a good rapport with the hospital. Absolutely. Hands down.

525

01:17:05.490 --> 01:17:09.960

CBaisley: That is right back and track and held the line when it comes to cases in this town.

526

01:17:11.580 --> 01:17:23.220

CBaisley: Towns agencies on their other around each one of them did their thing, you know, Parks and Rec, you know, close the parks and made sure that everybody was not in them and police department ran around and

527

01:17:23.610 --> 01:17:34.950

CBaisley: Photos you know certain things and first selectman he he closed the operations as quick as we could. As soon as he knew he had to and and so everybody did their part.

528

01:17:36.120 --> 01:17:39.270

CBaisley: But we, I think it helped public health took the brunt of it.

529

01:17:40.350 --> 01:17:48.180

CBaisley: We're the ones that help people in their place. You know, people and the and the residents are brands were great. They were very, very grateful.

530

01:17:48.750 --> 01:18:06.600

CBaisley: We didn't get too many push backs at all on anything. They were grateful that we would hear they were grateful that we cared. And they were grateful to give them resources that they didn't have even down to a thermometer, which we have quite a few people needing a thermometer so

531

01:18:07.980 --> 01:18:28.110

CBaisley: We're, we're getting prepared to go into the next wave if we should have to, but we are anticipation and planning for our vaccination programs that we will confront in the fall and possibly in the beginning of next year for code and we continue David and I, as he said, we continue to

532

01:18:29.310 --> 01:18:29.850

You know,

533

01:18:31.230 --> 01:18:42.690

CBaisley: Show out the P P to all the doctors and operations in town. They've been absolutely grateful. It's like Christmas in in August or July.

534

01:18:43.140 --> 01:18:53.130

CBaisley: And they're very grateful and all that, you know, those supplies come from the National Stockpile and from the state and it it's being distributed throughout the US.

535

01:18:53.970 --> 01:19:02.280

CBaisley: In all the stuff that comes to us all for medical personnel only and not the public. There's another avenue for them as well.

536

01:19:03.330 --> 01:19:16.440

CBaisley: And we're so grateful that we could be there for them and be available. And really, it has opened up, I believe, a different kind of relationship with the medical providers in town.

537

01:19:17.460 --> 01:19:30.990

CBaisley: And i'm i'm pleased and very happy to be a part of that. But you should know that your small health department is really working like a huge health department is if we were really

538

01:19:32.130 --> 01:19:45.720

CBaisley: Bigger than we are. And I'm really proud of saying you know as well as I wasn't 2008 proud of what we did we put a lot of muscle into this in a paid off. And so, and we kept people safe and that's the most important thing

539

01:19:46.860 --> 01:20:03.570

Robert Carangelo: Alright, well thank you, Caroline. Thank you for again for all of your hard work and and being able to motivate your team to to work if it's hard it's been it's been great what you've been doing, and I think others around the town to be recognized as well.

540

01:20:05.310 --> 01:20:10.080

Robert Carangelo: So thank you for that. Is it looks like Dr. Khan. You have a question.

541

01:20:12.060 --> 01:20:14.130

marilyncahn: Your first of all I would like to thank

542

01:20:15.240 --> 01:20:29.040

marilyncahn: You Caroline, basically I new staff for the great job and the effort that you've put into this, I think, I think that's great. Now I have a few questions for you if you could help me out here.

543

01:20:30.750 --> 01:20:52.080

marilyncahn: When this is just a general question for people who hire people to come into their homes or interact. When would you recommend that you let in a cleaning personnel and service people. And if you do, let them into your house. Do they need to wear masks and gloves.

544

01:20:54.870 --> 01:20:55.860

Robert Carangelo: Caroline, you're on you.

545

01:20:57.720 --> 01:20:58.800

Robert Carangelo: Carolyn on you.

546

01:21:03.330 --> 01:21:06.720

Robert Carangelo: Caroline, you got the mic isn't like the lower left hand corner.

547

01:21:08.760 --> 01:21:09.690

Robert Carangelo: Yes, we can hear you now.

548

01:21:09.960 --> 01:21:13.740

Robert Carangelo: So people in your home, do you do when you let them in. And what are they have to wear

549

01:21:14.100 --> 01:21:17.610

CBaisley: Okay, we're not ready for that yet. I would not recommend that yet.

550

01:21:18.960 --> 01:21:21.630

CBaisley: We've it's still circulating pretty much

551

01:21:22.920 --> 01:21:27.660

CBaisley: You know, in the community and we don't you know we don't have

552

01:21:28.770 --> 01:21:40.410

CBaisley: You know, we're not, you know, we're, we don't have enough protection as of yet to let people other than who was someone close to you, your, your family.

553

01:21:41.490 --> 01:21:54.210

CBaisley: I'm in the same boat. You're in my lady has not been around for months and I can't wait for her to come back. But this is not the time to do that yet because we obviously

554

01:21:55.470 --> 01:22:08.700

CBaisley: You know, it's so it's not just a social distancing. And even though the CDC has said that secondary transmission from touching surfaces and so on so forth is really

555

01:22:09.480 --> 01:22:22.140

CBaisley: Very much lower than they then they said in the beginning, it's just that you have someone who really is a stranger in your home and you know it's not that it's not that you can't

556

01:22:22.920 --> 01:22:35.400

CBaisley: You know you can't get the virus from a secondary surface as opposed to getting some you know someone directly giving it to you, but it's it's still a risk a risk that I wouldn't recommend taking at this point.

557

01:22:36.780 --> 01:22:38.700

Robert Carangelo: On you. Yeah, another question that

558

01:22:38.910 --> 01:22:39.750

marilyncahn: I have another

559

01:22:40.320 --> 01:22:50.820

marilyncahn: If a person is positive. I know what we heard from someone in our earlier if they're positive when can they go back to work.

560

01:22:51.960 --> 01:22:52.230

marilyncahn: Well,

561

01:22:53.310 --> 01:23:06.150

CBaisley: The CDC has does have very good guidelines as well as the state puts out guidelines guidelines are well but you need to know that have mild case of this disease is about two weeks.

562

01:23:06.420 --> 01:23:13.620

CBaisley: You know, say, give you a guideline to get you know 10 days and then 372 hours after but it never works out that way because

563

01:23:13.950 --> 01:23:21.180

CBaisley: What we asked for. And this is based upon discussion with some infectious disease doctors is, is that the

564

01:23:21.690 --> 01:23:33.870

CBaisley: That that the patient should really be symptom free not not getting better, but better because the jury is still out as to whether or not when you still have symptoms, whether or not

565

01:23:34.620 --> 01:23:47.970

CBaisley: You can still be contagious and you can pass on the virus to others. So we go the full route, when we are managing or monitoring our patients. And I think that's really, really important.

566

01:23:48.300 --> 01:24:03.180

CBaisley: Because nobody resolves within a two week time frame. The only people that really do resolve. If you know that they are asymptomatic or the asymptomatic people, they do have 10 days after they've been tested their test.

567

01:24:04.110 --> 01:24:14.370

CBaisley: results are in and then they have 10 days after that fact and they're ready to roll. But, and that's that's guaranteed that they don't show any symptoms during that time, but

568

01:24:15.360 --> 01:24:23.880

CBaisley: Unfortunately, we don't know. We've had a few we've only got a few of asymptomatic come our way because they didn't get tested because they were with somebody with

569

01:24:24.210 --> 01:24:37.440

CBaisley: You know, very close contact with somebody being positive, but otherwise we wouldn't have found these people. And I think the State of Connecticut needs to and they are slowly ramping up their

570

01:24:38.460 --> 01:24:52.470

CBaisley: Their testing guidelines, but we need to test. Everyone asymptomatic, and symptomatic as well. We need to have a kind of testing base in order to say, you know, how many people were walking around asymptomatic, because we need to put those people

571

01:24:52.530 --> 01:24:56.310

Robert Carangelo: In the party Cara Caroline. Can I interrupt you. I don't mean to interrupt.

572

01:24:57.630 --> 01:25:06.720

Robert Carangelo: But, but I am and that is we need to end the meeting by eight o'clock because you need to be out the building or I'll just go

573

01:25:06.840 --> 01:25:10.110

Robert Carangelo: Out so I just have

574

01:25:11.640 --> 01:25:16.110

Robert Carangelo: One item under the business. I will be quick about it so you can get out by eight o'clock.

575

01:25:18.210 --> 01:25:37.980

Robert Carangelo: And that is, I want to let the board know that Miss Jupiter has informed me that she is not going to Sir an additional term on the Board of Health and her term expires at the end of this month, although he's been gracious enough to agree to stay on to the RTL

576

01:25:39.060 --> 01:25:55.020

Robert Carangelo: Confirms replacement. So I would like to thank Miss chia pet, on behalf of the Department, the board and the entire town for for your, your service and your exceptional contributions.

577

01:25:56.460 --> 01:26:01.680

Robert Carangelo: You you've just done a great job, and I'll see you tomorrow with Vic have been

578

01:26:02.340 --> 01:26:21.300

Robert Carangelo: Doing an amazing thing with the Red Cross and assessing the organizational changes and how that impacts the town and at least identifying the issue and trying to find some solutions as to how we can have appropriate shelters, given the Red Cross organizational changes.

579

01:26:22.650 --> 01:26:25.260

Robert Carangelo: I'd say among the many issues that you've dealt with.

580

01:26:27.990 --> 01:26:38.400

Robert Carangelo: There have been many you were instrumental in raising and raising awareness on pesticides used on on the lawn lawns talented think has had an impact.

581

01:26:39.060 --> 01:26:54.960

Robert Carangelo: But I would say more important than any single issue or accomplishment. I think it's your willingness to be such a strong advocate for for the department and your willingness to tackle any project and you bring you know such enthusiasm energy to

582

01:26:56.040 --> 01:26:58.050

Robert Carangelo: Will be will be greatly missed

583

01:26:59.220 --> 01:27:16.680

Robert Carangelo: As well. Your, your ability and willingness to speak frankly candidly at board meetings and and not being afraid to question the way things are done. I think you've added a lot of value to our discussions and want to thank you

584

01:27:17.880 --> 01:27:18.540

Robert Carangelo: For everything you're

585

01:27:20.220 --> 01:27:21.420

Robert Carangelo: Going to miss having you on the team.

586

01:27:22.320 --> 01:27:25.140

Julia Chiappetta: Thanks, everyone. I love you guys. I'll miss you.

587

01:27:26.100 --> 01:27:27.240

Robert Carangelo: He suffer verge

588

01:27:29.850 --> 01:27:32.010

Robert Carangelo: Alright, with that know the motion to adjourn the meeting.

589

01:27:39.540 --> 01:27:41.310

Robert Carangelo: Miss rainbow second and emotion.

590

01:27:42.480 --> 01:27:49.200

Robert Carangelo: Anyone opposed that motion know It's unanimous that the meeting is adjourned. Thank you, everyone.

591

01:27:49.380 --> 01:27:50.250

Vick Sandhu: Thanks, everybody.

592

01:27:50.370 --> 01:27:50.640

Thanks.

593

01:27:52.110 --> 01:27:53.070

Robert Carangelo: Run through the doors.