

BOROUGH OF BARRINGTON

CAUCUS AGENDA, Wednesday, November 4, 2020, 6:00pm, meeting to be held via Zoom

•MEETING CALL TO ORDER/SUNSHINE NOTICE/FLAG SALUTE Mayor Harris

•ROLL CALL: Drumm _____ Beach _____ Hanson _____
Cerrito _____ Ludwig _____ Robenolt _____

♦MOTION TO OPEN
1st PUBLIC PORTION _____

MOTION TO CLOSE
PUBLIC PORTION _____

Public--state name and address for the record. Public comment is limited to five minutes per person.

•DISCUSSION ITEMS

Engineer:

- ♦Action items—consider approving a Resolution for a shared services agreement with Runnemede for the 2021 sanitary sewer extension on Davis Road
 - ♦Approve resolution authorizing engineer to go back out for trash/recycling collections bids
 - ♦Review of Engineer's Report
-

Administration:

- ♦Pet licensing—deadline is November 30 without a late penalty. We will be sending out final reminders.
- ♦Election information—election went smoother than expected. Now we wait for final results.
- ♦New rules regarding electronic meetings—Local Finance Notice 2020-21 established new rules for remote meetings. Tim prepared a resolution to memorialize what we are doing and address public questions. The resolution is attached for your review and will be on the council agenda.
- ♦Policy regarding Covid 19—Executive Order No. 192 was released by Governor Murphy last week and becomes effective November 5. This EO is specific to employers. We have drafted a Covid exposure policy and will now include a temperature scanning and questionnaire policy as well. The draft policy is attached for your review.

Council Agenda Review:

Ordinance for introduction on first reading:

Authorizing a Special Emergency to Complete Codification Project

Resolutions:

Resolution Setting Emergency Remote Meeting Protocols
Resolution authorizing LOSAP payments to Fire Department members
Resolution authorizing refunds to Fire Alliance businesses located in Magnolia
Resolution authorizing contracts with State contract vendors
Resolution to reappoint Judge McCrink for a three-year term
November bill list

Finance: Review of CFO's monthly report
 Discuss Best Practices Questionnaire

● **COUNCIL REPORTS**

● MOTION TO OPEN	MOTION TO CLOSE
2 nd PUBLIC PORTION _____	PUBLIC PORTION _____

State name and address for the record. Public comment is limited to five minutes per person.

● **MOTION TO ADJOURN:** _____ **All in favor:** _____ **Time:** _____

RESOLUTION NO. _____

RESOLUTION OF THE BOROUGH OF BARRINGTON, COUNTY OF CAMDEN AND STATE OF NEW JERSEY RELATIVE TO EMERGENCY REMOTE MEETING PROTOCOL IN AND FOR THE BOROUGH COUNCIL OF THE BOROUGH OF BARRINGTON, PURSUANT TO N.J.A.C. 5:39-1 ET SEQ.

WHEREAS, the Borough of Barrington is a municipal entity organized under the laws of the State of New Jersey and located in Camden County, New Jersey ("Barrington"); and

WHEREAS, Section 8 of newly enacted P.L. 2020, c. 34 (N.J.S.A. 52:27D-18.11), authorizes the Director of the Division of Local Government Services in the Department of Community Affairs (the "Director") to promulgate regulations establishing standard protocols for remote public meetings held by a "local public body" during a Governor-declared emergency, including minimum procedures to be followed to provide reasonable public notice and allowance for public input; and

WHEREAS, the Director has promulgated emergency regulations codified as N.J.A.C. 5:39-1.1 through 1.7 that implement the new law. These protocols aim to ensure continuity of government operations and transparency in conducting public business when an emergency requires a governing body meeting to be held remotely.

WHEREAS, N.J.S.A. 5:39-1.4(h) requires the local public body to adopt by Resolution standard procedures and requirements for public comment made during a remote public meeting as well as for public comments submitted in writing ahead of the remote public meeting, to include

1. that procedures and requirements inclusive of standards of conduct to be followed by members of the public when making comment; and
2. that procedures and requirements for making public comment, along with an explanation of the audio muting function of the electronic communications platform being used, to be announced at the beginning of the remote public meeting; and
3. that the regulation of conduct by members of the public on a remote public meeting shall be consistent with law and practices followed if a member of the public disrupts an in-person meeting.
- 4.

NOW, THEREFORE, BE IT RESOLVED, by the Mayor and Council of the Borough of Barrington, pursuant to N.J.S.A. 5:39-1.4(h) hereby adopt procedures and requirements for public comment made during a remote public meeting, as well as for public comments submitted in writing ahead of the remote public meeting, which are attached hereto as "Exhibit A," and

AND BE IT FURTHER RESOLVED that the procedures and requirements for public comment made during a remote public meeting, as well as for public comments submitted in

writing ahead of the remote public meeting, which are attached hereto as "Exhibit A," shall be in full force and effect immediately upon adoption, and shall remain in full force and effect until and when the Governor withdraws the State of Emergency issued under Executive Order 103, declaring the existence of a Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., and a State of Emergency, pursuant to the Disaster Control Act, N.J.S.A. App A:9-33 et seq., in the State of New Jersey for COVID-19.

THE BOROUGH OF BARRINGTON

BY: _____
PATTI HARRIS, MAYOR

ATTEST:

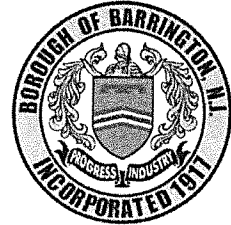
TERRY SHANNON, BOROUGH CLERK

I, **TERRY SHANNON**, Borough Clerk of the Borough of Barrington, do hereby certify the foregoing to be a true and correct copy of the Resolution adopted by Borough Council at a meeting of said Borough Council on November 10, 2020, and that said Resolution passed by a majority vote of the members of Borough Council.

TERRY SHANNON, BOROUGH CLERK

Memorandum

To: Public Works and Administrative Employees
From: Mayor and Council
Date: November 3, 2020
Subj: Covid-19 Exposure Policy



The following is the policy that has been deployed by the Borough of Barrington regarding employee Covid-19 exposure.

1. Any employee who has been exposed to someone who has tested positive for the Covid-19 virus is to notify their supervisor immediately.
2. The employee will be required to quarantine for five days following the day of exposure to the individual who tested positive for the virus.
3. On day six, the employee is required to be tested for the Covid-19 virus. Riverside Urgent Care (former MedExpress) is the local facility the Borough is recommending for testing. Results are to be immediately reported to the supervisor.
4. On day seven, if the test result was negative, the employee is to return to work.
5. Employees will be paid for any work days missed during this quarantine period.
6. If the test result was positive, the employee will be required to remain out-of-work until they have been medically cleared to return. Employees will be paid for up to ten days of sick time that they are out of work with Covid-19 inclusive of the initial quarantine period. This time will not be charged against the employee's sick-time bank.
8. If you are feeling ill and have any flu-like symptoms, stay home! With flu-like symptoms, you are required to go for a Covid-19 test and report the results to your supervisor immediately so we can address contact tracing within the department. You will remain out-of-work until you can bring-in medical clearance that you can return to work. As stated previously, any employee who is out-of-work due to the Covid-19 virus will be paid for any work days missed up to a total of ten days. These will not be charged against sick time. If you are sick and test negative for the Covid-19 virus, you will be paid for the days missed leading up to the day of testing. Any additional days taken for a non-Covid illness will be charged to sick time.
9. Employees will be required to complete a medical questionnaire weekly and temperatures will be scanned daily. Anyone having a temperature of 100.0 or higher will be sent home and will have to follow the Covid protocols as outlined in item No. 8.

If you have any questions, please bring let your supervisor know and they will be addressed.

C: AFSCME NJ Council 63

EMPLOYEE COVID-19 SCREENING QUESTIONNAIRE

The safety of our employees is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this questionnaire prior to entering the worksite. Please do not enter the worksite until your responses have been reviewed and your entry has been approved.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other employees.

Name:
Phone Number (mobile/home):
Position:

Representations	
1	<p>Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? <i>(Please take your temperature before you answer this question.)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath or difficulty breathing</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> New loss of taste or smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Head or muscle aches</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea, diarrhea, vomiting</p>
2	<p>In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3	<p>In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4	<p>Have you been tested for COVID-19 and are waiting to receive test results?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

5	<p>Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider's assessment or your symptoms, please contact your manager or human resources representative when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared.</i></p>
6	<p>In the past 14 days, have you been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7	<p>In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
8	<p>Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If "yes", please provide a brief explanation.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Explanation: _____.</p>

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential. Any questions should be directed to your manager or your human resources representative.

Access to worksite (circle one): Approved Denied

Temperature screenings:

<u>Day</u>	<u>Date</u>	<u>Temperature</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____